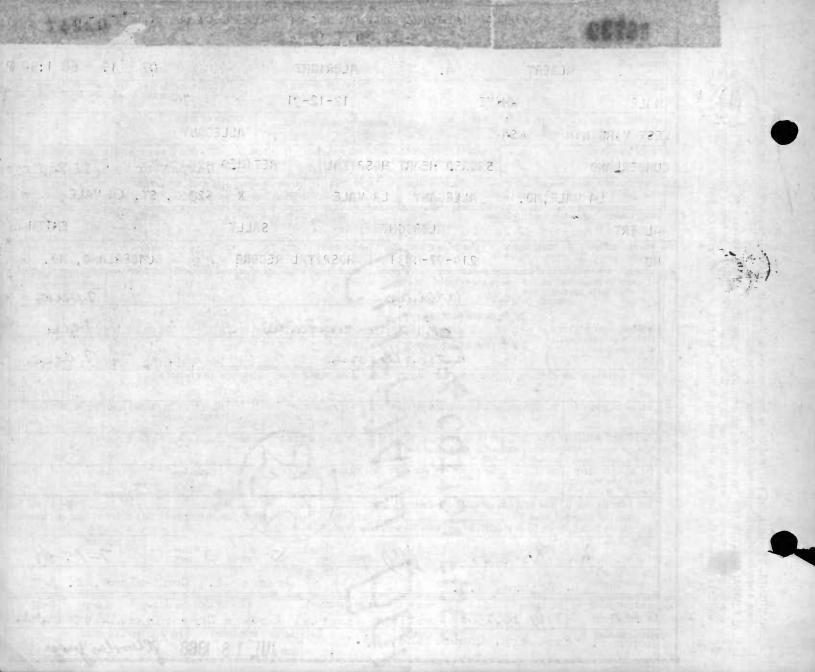
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HOUR death. and (Type or print) Month 07 Doy 15 ALBRIGHT Yeor 68 1:50 P ALBERT after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) lease remave carban papers. Pages and in any event, within 72 hours at 12-12-91 WHITE MALE 24 hours 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WEST VIRGINIA ALLEGANY .⊆ WSA WIDOWED DIVORCED | campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR dur Enroting Evorking life even if retired.) 95 TO PERENT HOSPITAL SALT CUMBERLAND Employed 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER certificate be executed LA VALE MOSS. COUNTY ALLEGANY 529 B. ST. LA VALE LA VALE YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost SMITH **ALBRIGHT** SALLY ALBERT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yas no, or unknown) 214-07-4831 HOSPITAL RECORD CUMBERLAND, MD. burial, crematian, ar remaval APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH death PART I. DEATH WAS CAUSED BY Wilma 2 weeks IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p 2 zeen Canditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause certusileron PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) d far use as the of Health priar ta has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [Page 4 may be retained by the haspital or company to FUNERAL DIRECTOR: After this certificate to FUNERAL DIRECTOR: After this certificate to FUNERAL DIRECTOR. 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Tawn County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram... that (1) , and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased glive an_____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** 7-15-68 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Greene St., Cumberland . Md. L. Brings. M.D. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) TREMOVAL (Specify) Restlawn Memorial Gardens Cumberland, Allegany, Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumber Tand, Md. 24. FUNERAL DIRECTOR VR A15 (4) Ochanles Judge DATE JUL 18 1968 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09248

			MEDIC	AL EXAMI	MEK 2 CI	KIIFICAI	E OF DE	AIH	2 - 34			4
1.	DECEASED-NAME (Type or Print)	First		Middle		Last		20.	DATE KNOW	Month	Day Year	r DAMHOUR
	(Type or Finit)	ROY	W		ANDER	SON			OF ESTI- DEATH MATEE	7-2	22-68 19	10:45
3.	SEX	4. RACE	S. DATE OF BII	RTH 6	. AGE (In years last birthday)	MONTHS DAYS		24 HRS. 2c.	DATE PRONOL	INCED DEAD		2dn HOUR
n	nale	white	Apr 16	1887	81 YRS.		HUUKS	MIN.	July	220ay]	968° 19	11:30
70	. BIRTHPLACE (State	e or foreign	7b. CITIZEN OF WI		8. MAI	RRIED NEVER	MARRIED	9. COUNTY		V		
(0)	Pennsy	vania	U.S.A.		WIDO	OWED XX D	VORCED			Allegh	env	Md
10.	CITY OR TOWN OF	DEATH	11. N	AME OF HOSPITAL O				JSUAL OCCUPA	TION (Kind o	f work dane	12b. KIND OF	BUSINESS OR
110	humberlan	ad	Me	morial	Hospi	talD	OA during	most of wor	king life, eve	m if retired.)	INDUSTRY An	chor-
_ 13	a. USUAL RESIDEN	CE (Where deceos		utian: Residence be	fore 13c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS? 13e.	STREET AND	NUMBER	Hockin	ig Gass
7	odmissian) STATE	Penna	13b. COUNTY	Favette			YES 🔲 N	NO TO	None			
14.	FATHER'S NAME	First	Middle		ast	IS. MOTHER'S A	AIDEN NAME	First	110240	Middle		Last
	1	larion		Anderso	n			Eliza	heth		John	son
160	. WAS DECEASED EV		ORCES?	16b. SOCIAL SECURI		7. INFORMANT		2222		DRESS	0 0121	
	(Yes, no, ar unknow	(If yes give	war or dates of service)	162-14-	2याव	James	And	ergon	Mel c	roft	Pa. 154	.62
	18 CAUSE OF	DEATH (Enter on	v one couse per l	ine far (a), (b), and		V ELINCO	1111	010011	A A Code		APPROXII	MATE INTERVAL
	PART I. D	EATH WAS CAUSED	BY:	, (0), (0), 0	(-)-/	RUPTU	RED	HEART			Sudde	INSET AND DEATH
	819	IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE	F OF	2102 20		220064267			Dadae	221
		ny, which gove		TO TO CONSEQUENCE		CRUSH	ED CH	EST			11	
		iate cause (a), (derlying cause ((b) DUE TO, OR	AS A CONSEQUENC	E OF							
	last.	derlying couse	1-1			(AUTO	MOBIL	E ACC	IDENT	1)		
	PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMINA	DISFASE OR (CONDITION GE	VEN IN PART	1(0)		
_	805 L								v 111 7 7 441.7	.(0)		
CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION FO		RATION	0.00	7 / 190			20. AUTO	OPSY?
IFIC				WAS PERFORI	MED?						YES	XX NO
		CAUSE WAS	21b. TIME OF	INJURY Manth, Day,	Year 2	1c. HOW INJURY	OCCURRED (En	nter nature of	injury in Par	1 or Port 2,	Item 18.)	
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING [HOUR A	#July 2								dent
MED	21d. INJURY OC	CURRED 21e.	PLACE OF INJURY (At hame, farm, stre	et, 2	If. LOCATION Stre	et or R.F.D. No.		City or Town	0 4 11	County	Stote
/	AT WORK	T WORK	office building	ate #40	Fou	r mile	s Eas	t Fli	ntsto	ne Al	Lleg.Mo	d .
				he remains desc						Inquiry D		my opinion
		sulted from:		ses Acci						ed manner		i iiiy opiiiioii
		1		Poi	200		HIEF MEDICAL					
	ACTUAL	Bom	edect	Meta	relic	/		ICAL EXAMINE	P	22b. DAT	E SIGNED	
	SIGNATURE EXAMINER'S							AL EXAMINER		שרוו	2, 196	68
	NAME (Type)	BENE	DICT S	KITAREL	IC, M				or county []]	BERLA	ND MAI	RYTAND
23	a. BURIAL, CREMA	TION, 23b.	DATE	23c. NAME	OF CEMETERY	OR CREMATORY			ATION (City o		(County)	(State)
	REMOVAL (Speci	ify) Ju	ly 25.19	968 Mt.	Tabor	Cem.		Sprin	gfield	d Twp.		e Co. Pa
24	FUNERAL DIRECT		10		DDRESS	1 \1	25a. REC'I	D BY REGISTRA	AR 25b	. REGISTRAD	S SIGNATURE .	Anti
	21.00	000)	, Ocol	Cumal	or lon	ed Mi	DATE	JUL 2!	5 1968	fice	cortes of	may
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5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit featurity

DICAL EXAMINER:

TO DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAMI First Middle 2g. DATE KNOWN I 2b. HOUR Month Yeor (Type or Print) ESTI-CAROLYN SUID 1968 6 SAM DEATH MATED 0 4. RACE 5. DATE OF BIRTH 6. AGE (in years 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR DAYS HOURS FEMALE WHITE OCT. 1968 8 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ALLEGANY DIVORCED [Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.) INDUSTRY FROSTBURG 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER poges lond 2 with admission) STATEMARYT, ANTIBLE COUNTY YES NO 232 SYCAMORE Item] ofter Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First HARRY ANTHONY SANDRA N. DUNCAN <u>__</u> the Chief Medicol Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SUTTLAND, MD. pencil (Yes, no, or unknown) MRS. HARRY ANTHONYSYCAMORE LANE within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ENDOCARDIAL FIBROELASTOSIS CONCENTRA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (CONGENITAL) rise to immediate cause (a), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= forwarded to certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX NO icote. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) 3 should should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County factory, affice building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy X Inspection X Inquiry ond in my opinion Notural couses XX Suicide deoth resulted from: Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or counCUMBERLAND MARYLAN NAME (Type) BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) FROSTBURG MEM. 7/6/68 PARK FROSTBURG. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

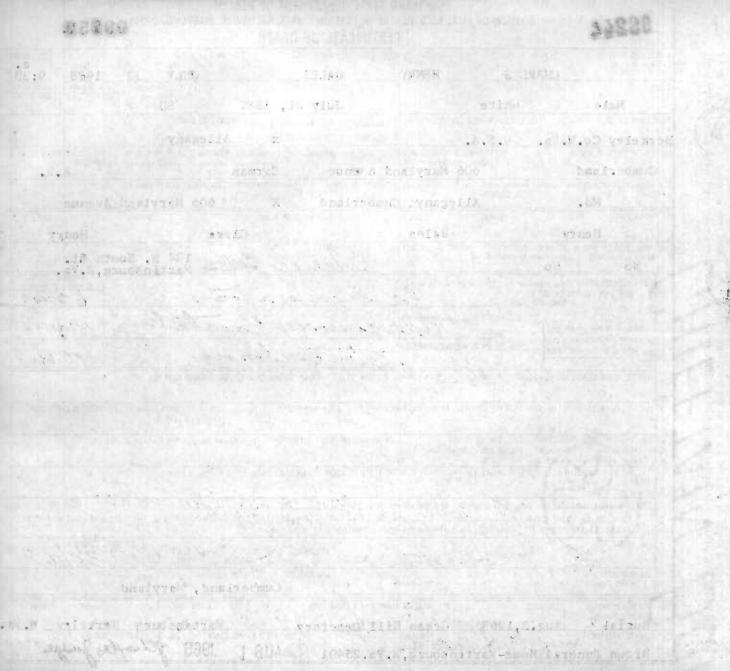
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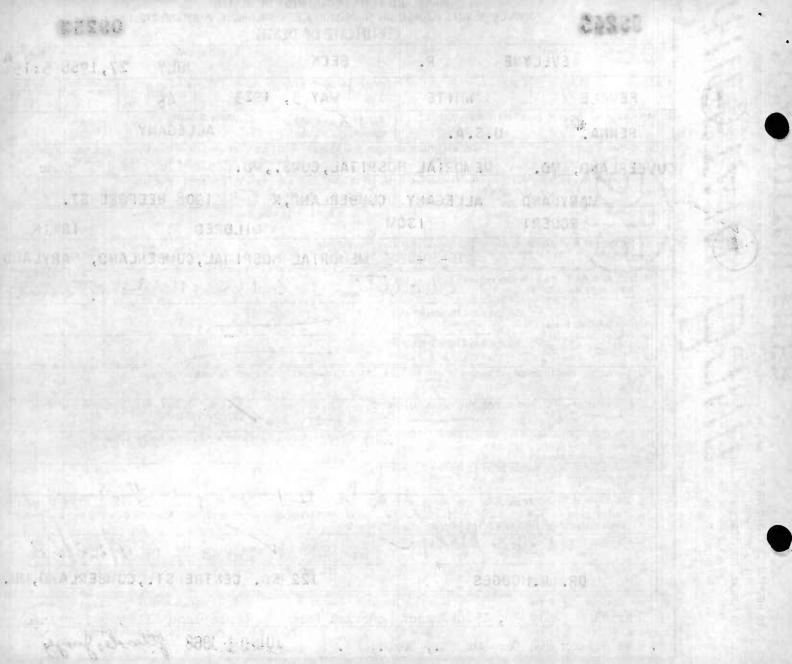
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03250
1.	CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Harvey M Aronson 7 Month 27 Day 68 Year 9:55 p.
3.	4. RACE Male 4. RACE White 5. DATE OF BIRTH Supplementary 6. AGE (In years lif under 14 Hrs. last birthday) MONTHS DAYS HOURS MIN WORTH MIN
CC	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITON MARRIED Allegany MA
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done sive street address) Cumberland 120. USUAL OCCUPATION (Kind of work done during most of work no life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of work done live in hospital during most of work done during most of work done live in hospital during most of work done during most of work done live in hospital during
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before lission) STATE Md. 13b. COUNTY Allegany Cumberland 13c. CITY OR TOWN 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. USUD/CITY LIMITS? 13d. USUD/CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. USUD/CITY LIMITS? 13d. USUD/CI
14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
16	(WAS DECEASED EVER IN U.S. ARMED FORCES? Yes yo, or unknown) (If yes, give wor or daily of security No. W. Harold Mary, 6 96 Thompson Ove
3	Canditions, if any, which gave rise to immediate cause (a), by the consequence of the underlying cause (b). Due to, or as a consequence of the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CCDZECCATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19
AAC	21d. INJURY OCCURRED While Not while of wark at wark a
	22a. I certify that (I) (this haspital), attended the deceased fram
ŀ	22b. SIGNATURE DEGREE ATTENDING DIRECTOR PHYS. 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) DEGREE ATTENDING DIRECTOR PHYS. 22c. DATE SIGNED 22e. ADDRESS
23	BURIAL, CREMATION 23b. DAJE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Description 7/5 9/6 8 East View Com.
24	FUNERAL DIRECTOR Sources Steen Signature ADDRESS ADDRESS DATE UL 3 0 1968 Charles Signature DATE UL 3 0 1968 Charles Single

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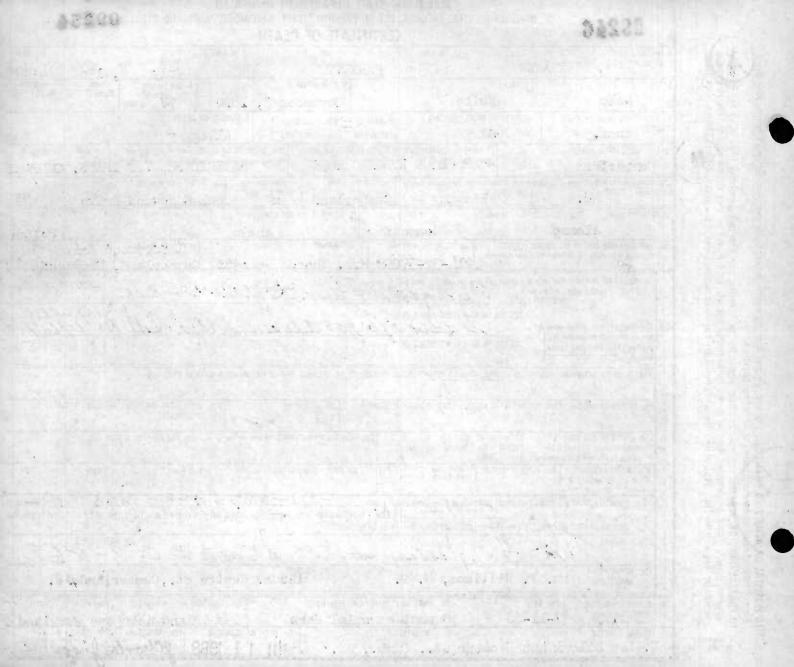
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09254 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month 2b. HOUR Day Year delay 1. nd 3 ta Poge (Type or Print) ESTI-17 : On Florence Ethel Baker DEATH MATED 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. May 7, 1890 Female | White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm WIDOWED . DIVORCED Maryland D Allegany
120. USUAL OCCUPATION (Kind of work done Give Pages 11. NAME OF HOSPITAL OR INSTITUTION IS NO NIGHT STORE during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY Cumberland and Convalescent Home Retired Nurse Memorial Hosp 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY legany YES X NO 4.03 Caroline St. Cumberland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Middle Unknown the certificate, writing the word "pending" in pencil inv 4-shauld be farwarded to the Chief Medical Examiner's pages haurs Unknown ADDRESS 403 Caroline St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) William R. Kohl. 3 粉辨* Cumberland. Md. 214-05-5931 File any event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Embolism Pulmonary Sudden IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Fracture of Left Hip 26 Days rise to immediate couse (o), writing the word This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Fracture of Left Hip ar remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NOTA 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. buriol, crematian, 10:00PM 7-5-68 19 Fell at home CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)
Home 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE NOT WHILE AT WORK 40 3 Caroline Street, Cumberland, Alleg. Md. 22a. I certify that I taak charge of the remains described obave, held an Autapsy ... Inspection X, Inquiry X and in my apinion death resulted fram: Natural causes . Accident X. Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE July 31, 1968 DEPUTY MEDICAL EXAMINER EXAMINER'S 5 may TO FUNE Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, ar county) CUMBERLAND MARYLAND NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md Near Cumberland Alleg Hillcrest Burial Park 250. REC'D BY REGISTRAR AUG 5 24. FUNERAL DIRECTOR VR A15ME (5) 230 Ralto Ave. Cumberland MaAIE

I'm the many the many the first wind the party buy to suppose CARCO The state of the s E ME and de the man 82-1-V eding. The state of the s 44 Commence of the Commence of MARYLAND STATE DEPARTMENT OF HEALTH

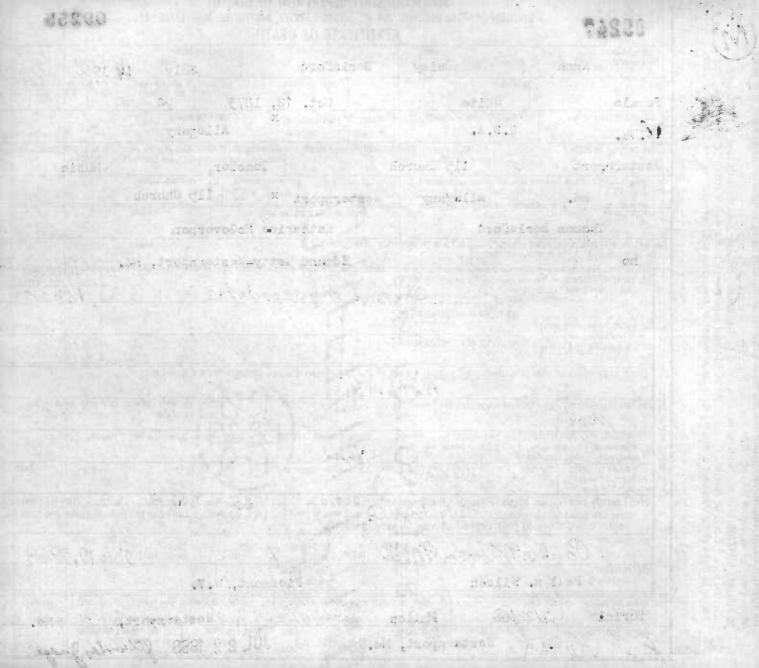




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09254 09246 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Month (Type ar print) FRANK BENNETT 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR requires that the death certificate be executed within 24 haurs after last birthday) MONTHS DAYS Male White November 3. 1890 completely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Penna. USA Allegany WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most primarking life, even if retired) give street address NID NURSING HOME Cumberland remave carbon-13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER and in any event 13b. COUNTY Legany admission) STATE Md. Cumberland Edgewood Drive 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle First Middle Alonzo Bennett Annie Potts 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Eddewood Drive Yes, no, ocunknown) burial, crematian, ar remaval, 214-32-3799 Cumberland, Maryland Mrs. Theoda Bennett 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior ta O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn State County While Nat while at work director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. STAFF MEANNEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S F. Williams, M. D. S. Centre St., Cumberland, Id. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) 7-11-68 Sunset Memorial Park Cumberland Allegany Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Ochanles Judge H. Lee Silcox 404 Decatur St., Cumb., Md. 1968 30M REV. 1/68



	09247	DIVISION OF VITAL RECORDS,		TIMORE, MARYLAND 21201	09255
1.	DECEASED-NAME First (Type or print) Anna	Middle Daisy	lost Berisford	20. DATE OF DEATHMonthDa	2b. HOUR
	SEX Female	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70			8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	M.d.
00	CITY OR TOWN OF DEATH	give street address hurch	TITUTION (If not in hospitol 12a. US during		12b. KIND OF BUSINESS OR INDUSTRY
01	o. USUAL RESIDENCE (Where deceosed mission) STATE Md.	lived, if institution: Residence before 13b. COUNTY 11egany			
1 14	FATHER'S NAME First Thomas Be:	Middle Lost	15. MOTHER'S MAIDEN NAME		Last
10	d. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war	CERTIFICATE OF DEATH			
	PART I. DEATH WAS CAUSED & IMMEDIATE	CAUSE (0)Chr	onie Myocaro	ditis	BETWEEN ONSET AND DEATH
	conditions, if any, which gave nise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
Corneran	16222	ALT	A F I K I S RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
MACDICAL CED	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19	None		Item 18.)
	While Nat while at work				
	22a. I certify that (I) (this saw the deceased aliv causes stated abave,	haspital) attended the decease re an July 3 1 (I) (we) (did) (did not) view the l	od from Oct 12, 19. 9 68, and that in (my) (aur) a bady after death.		
	22b. SIGNATURE Paul (22d. PHYSICIAN'S	RAVISON M. S	DEGREE PHYS.	MED. STAFF	DATE SIGNED 1968
1	NAME (Type) Paul R.	Wilson			
(A)	REMOYAL(Specify) 7/2	22/68 Philos	3	Westernport	Md.
8 2	FUMERAL DIRECTOR		Mai.	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE Quedas



HEALTH DEP

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

deloy

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00956

FOR STATE	*	001930		MEDIC	AL EXAMIN	ER'S CERTIFICAT	E OF DEAT	TH	V	3436	
EALTH DEPT.		ECEASED-NAME Type or Print)	First		Middle	Lost		20. DATE KNOW	N Month	Doy Yeor	2b. HOUR
of of	L	Type of Filling	John	RELLES	Jay	Bobo		DEATH MATE	o & July	26, 1968	TOLOG
Poge lent of	3. S		4. RACE	S. DATE OF BIR	TH . 6. A	GE (In years IF UNDER 1 YEAR ist birth (19) MONTHS OAY					2d HOUR
38	1	Male	White	Sept.	24, 1903	64 YRS. MONTHS OAY) HOURS A	Month Ju	ly Doy 26	, Yeor 1968	9 p.43
E di mari		BIRTHPLACE (Stot	e or foreign 7b	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED X NEVER	MARRIED 9.	COUNTY OF DEATH			
te our			<i>yland</i>	u. S.	A.		IVORCED [Allegany			Md.
e Pages with for he Stote		ITY OR TOWN O			. 11 4	INSTITUTION (If not in hospi		L OCCUPATION (Kind	of work done	12b. KIND OF BUSI	
we P			Cumberla	ru,		lley Rd.		pector life, ev	ren if refired.)	INDUSTRY Md.	Rwy
s orrer along along deoth.	130.	USUAL RESIDEN	CE (Where deceosed	lived, if institu	tion: Residence befo		13d. UNSIDE CITY LIMITS				
2 % de de		Ollission) STATE			Allegany	cumberland,	YES NO	X Kt. #	1 Valley	Rd.	
Office ond 2	14. [ATHER'S NAME	First	Middle	los	Tol Mother !		First	Middle	Lost	
			Robert L.		Bol		Ang	eline		Halte	rman
ncil in ncil in ner's pages hours			(ER IN U.S. ARMED FOI	RCES?	16b. SOCIAL SECURITY				DDRESS		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	res.,no, or unknov			705-10-7	315 Mrs. Mai	delyn t.	Bobo, Rt.	, # 1 Cu		
within			DEATH (Enter only DEATH WAS CAUSED &		ne for (a), (b), ond (d					APPROXIMATE BETWEEN ONSET	
		TAKI I. U		CAUSE (o)	24 20	CORONARY	OCCLUS	ION		SUDDEN	
		4100	7	DUE TO, OR	AS A CONSEQUENCE (2010 (1171)	TUDALIDA	7.0	
rons			iote couse (o),	(b)			y SCLEK	OSIS WITH	THKUMBU	315	
should be e ne word "per o the Chief I burial-tronsit I in any ever		stoting the un	iderlying couse	DUE TO, OR	AS A CONSEQUENCE	OF					
		1051.	,	(c)							-
onc		PART 2. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE OR CON	DITION GIVEN IN PART	1(0)		
riffir vord val,	NO	190. DATE OF O	PERATION		19b. CONDITION FOR	WHICH OPERATION				20. AUTOPSY	12
e, writter, forwor forwor emoval	FICAL	The Date of o	LIMITON	7 - 48	WAS PERFORME					YES [X	NO 🗆
in i	CERTIFICATION	21o. EXTERNAL	CAUSE WAS	21b. TIME OF	NJURY Month, Doy, Yo	eor 21c. HOW INJURY	OCCURRED (Enter	noture of injury in Po	rt 1 or Port 2. Ite		
errif	MEDICAL	PRIMARY 0 O	R CONTRIBUTING	HOUR A.M	Λ.			more of miles i miles			
sho sho sho as a sho a s	WED	21d. INJURY OC	CURRED 21e. PL/	ACE OF INJURY (A	t home, farm, street	, 21f. LOCATION Str	eet or R.F.D. No.	City or Tow	'n	County	Stote
AM e the thour our our oge		WHILE N	OT WHILE focto	ry, office building	g, etc.)						
Page No. 7				k charge of th	ne remains descri	bed above, held an Ai	itansy V	Inspection X,	Inquiry X	, and in my	v opinian
ex ex of for the form of the f						nt , Suicide					, opinion
irect irect aine IRE			1		0,,		CHIEF MEDICAL EXA			To long	
ple ret		ACTUAL	12 ener	uct	Sketare	4	ASSISTANT MEDICAL		22b. DATE S	IGNED	
ERA P p		EXAMINER'S					DEPUTY MEDICAL EX		July	26, 196	8
necessary, the funera 5 may be 0 FUNERAL Health pri		NAME (Type)	Benedi	ct Skit	tarelic, N			y, town, or county)	Rt. # 9	Cumb. Me	d.
10 m	230	BURIAL, CREMA	TION, 23b. D	ATE	23c. NAME O	F CEMETERY OR CREMATORY		23d. LOCATION (City			rote)
^ D		REMOVAL (Spec		9/68		est Burial P		Cumberland	d, Alleg	any Mo	l.
156	24.	FUNERAL DIRECT	-11		1100	RESS	2So. REC'D BY		b. REGISTRAR'S S		
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1	29249 DIVISION OF VITAL RECORDS, 301 W	PRESTON STREET, BALTII		9257
1.	DECEASED-NAME (Type or print) WILHELMINA A.	BRANT	20. DATE OF DEATH JULY Month	1968 1:00
2 TE	SEX FEMALE 4. RACE WHITE	S. DATE OF BIRTH 8, 1	895 6. AGE (In years let hat hirthday) YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS OAYS HOURS MIN.
70 00	CUMB., MD. U.S.A. WIDOW	ED DIVORCED	COUNTY OF DEATH ALLEGANY	Md
50 10.	CUMBERLAND, MD. Give street oddress AL HOSP	ITAL, CITY dyring mo	st of working life, even if retired.)	12b. KIND OF BUSINESS OR Industry
0 1 od	dmission) STATE 13b. COUNTY CUMB	OR TOWN ERLAND 13d. INSIDE CITY LIM YES NO	907 SHADES	
14	4. FATHER'S NAME First Lost MORTZFELDT, ERNEST	IS. MOTHER'S MAIDEN NAME FIT ELIZABETH RAS	SCHKE	Lost
16	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 219-56-9672	7. INFORMANT MEMORIAL HO	SPITAL, CUMBERLA	ND, MARYLA
70 cc 10. 13. od 14. 14. 16. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 221b.	20a. AUTOPSY?	DODITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONSI (CAUSES OF DEATH?	DERED IN CERTIFYING
	☐ OR CONTRIBUTING ☐ CAUSE OF OFATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 2 Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21		noture of injury in Port 1 or Port 2, Item	o IB.)
	22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 19 causes stated abave (1) (we) (did) (did nat) view the bady after the convertible of the	, 19_and that in my (aur) apiner death. ATTENDING ME PHYS. DI	, ta, 19 nian death accurred on the date of ED. STAFF 22c. DATE RECTOR PHYS. D	, that (1) (we) las and haur and fram the E SIGNED
23	NAME (Type) DR. F. MILTENBERGER 30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY	OR CREMATORY	SO. CENTRE ST., C	County) (Stote)
	36. BURIAL (REMATION, REMOVAL (Specify) 7/10/68 Trinity Lu 44. FUNERAL DIRECTOR ADDRESS H. Lee Silcox Cumberland, Maryland	250. REC'D BY	Cumberland Allega	any Maryland

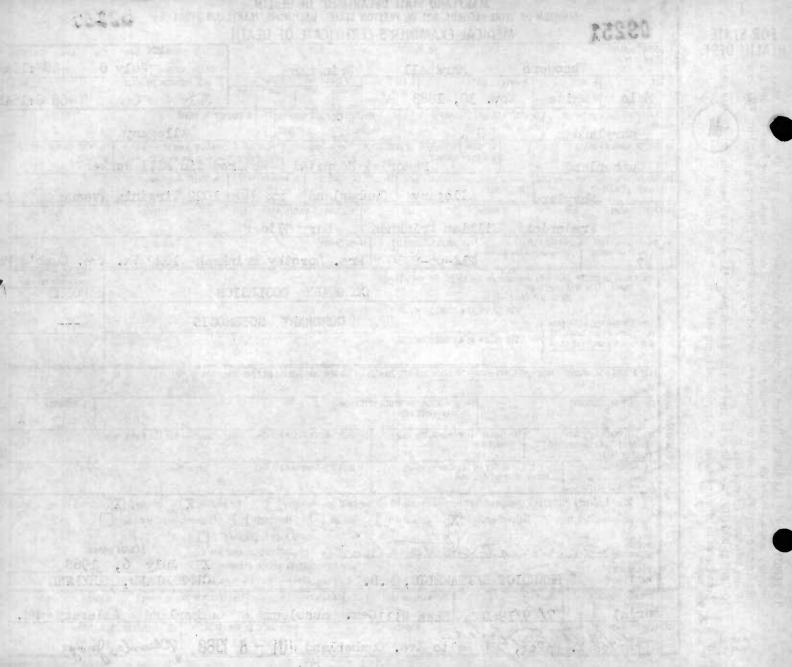
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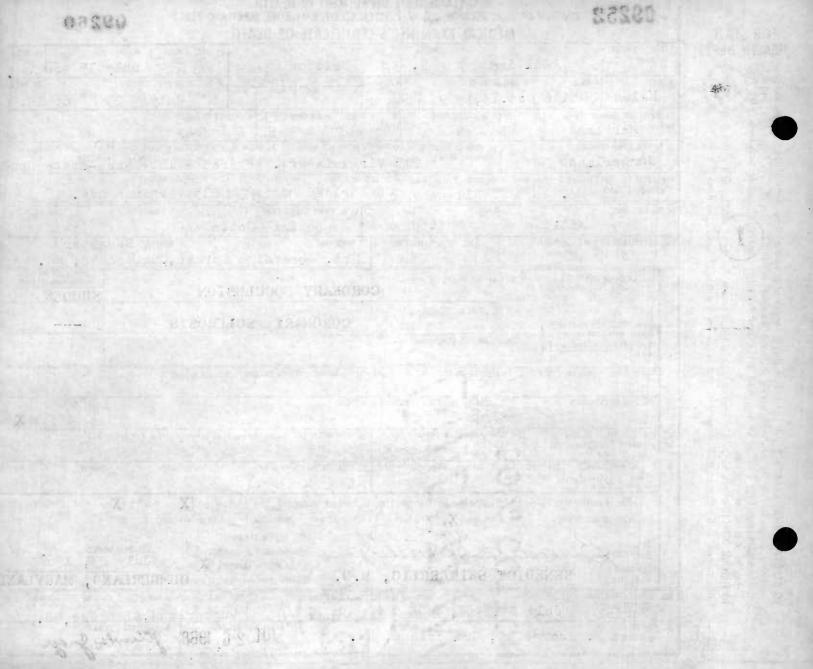
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09258 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR p be executed within 24 hours after death ero (Type or print) Month RALPH HENRY BREIGHNER 5:37H 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS MALE WHITE OCT. 25, 1905 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TX NEVER MARRIED .⊑ U.S.A. MARYLAND WIDOWED [DIVORCED ALLEGANY filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR INDUSTRY RAILROAD give street address) CUMBERLAND HOSPITAL 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER STATE MARYLAND 13b. COUNTY YES 🕎 ALLEGANY CUMBERLAND HUMBIRD STREET 14. FATHER'S NAME First-Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle MARTIN **BREIGHNER** BLOOM BREIGHNER MARY certificote 900Ad& TON DRIVE. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, no, or upknown) 705 05 4568 SACRED HEART HOSPITAL CUMBERLAND, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). requires that the deoth PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) P buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if on , which gove ; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health priar to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 5// 2/14 19 68, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an____ causes stated abave, HI (we) (did) (diagot) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED M DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS POTOMAC STREET, RIDGELEY. NAME (Type) PAGAN 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMACHON (County) (Stote) TREMOVAL (Specify) Hillcrest Burial Park Cumberland. Allegany, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Cumber Tand, Md. Scarpelli. VR A15 (4) Ochanles 30M REV. 1/68 DATE UL 1 8 1968

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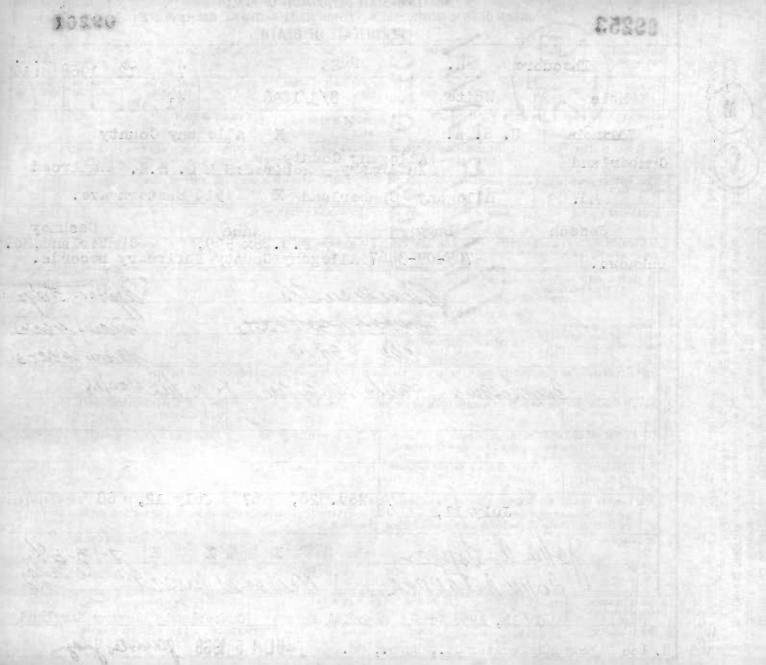
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED July 6 19 688:15MA oy is 3 to Poge Theodore Marshall Brinkman o IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2d. HOUR 2, and PM3. F Nov. 30, 188B 1968 8:15AN Male White MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? form WIDOWED [DIVORCED [Allegany II S A Marvland Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with during most of working life, even if retired.) INDUSTR Retired Tin Mill Worker give street oddress) Memorial Hospital Cumber land 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES NO Allegany Cumberland 1022 Virginia Avenue 24 hours in Item 18 lond 2 ofter IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last William Brinkman Mary Slider Frederick the Chief Medical Exorginer's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** pencil be executed within (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Dorothy Brinkman 1022 Va. Ave. Cumb'd Mc 214-05-9330 File APPROXIMATE INTERVAL .5 within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH pending" PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION HOURS IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit CORONARY SCIEROSIS Conditions, if any, which gave rise ta immediate cause (a). the certificate, writing the word any certificate should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse 2 forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 or removol, CERTIFICATION 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO K YES [should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Ng. City or Tawn State County factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection K. Inquiry X, ond in my opinion funeral directar. deoth resulted from: Notural couses X. Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER July 6. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ealth BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, a CUMBERLAND, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 0 23g. BURIAL CREMATION 23b. DATE (Stote) Burial (Specify) 7/ 9/1968 Rose Hill Cem. Mausoleum Cumberland Allegany Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melianta Hafer: 230 Balto Ave. Cumberland JUI - 8 10M REV.



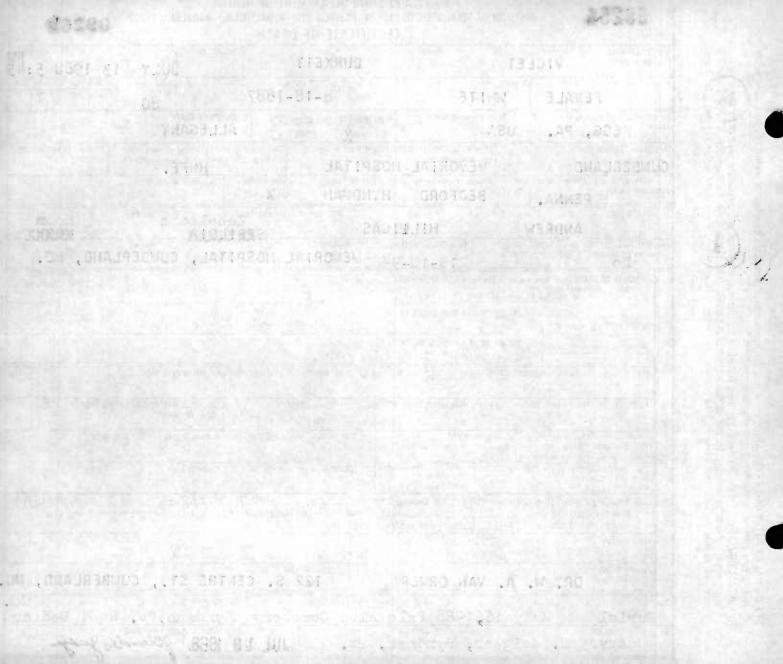


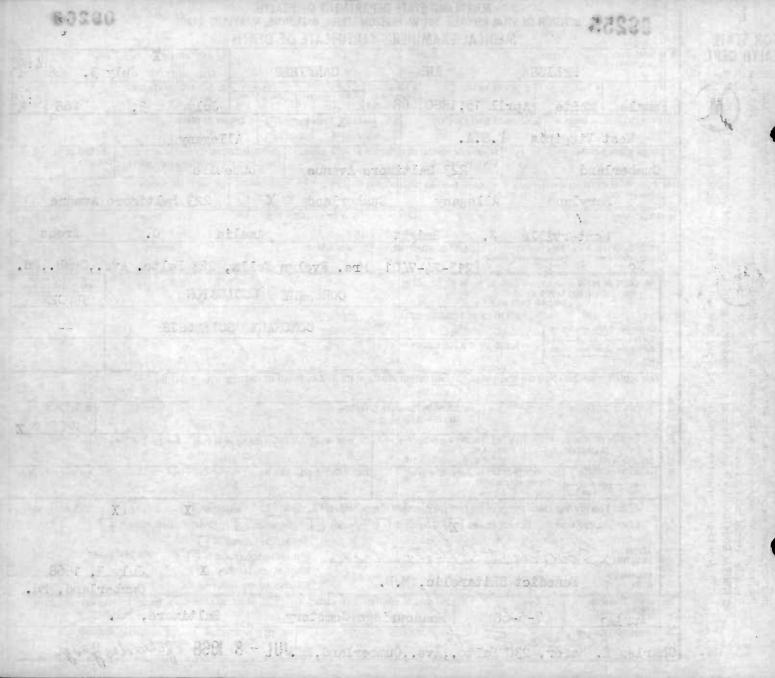
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09261 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type ar print) Bugg Manth Theodore H. S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years last birthday) 8/3/1896 White Mala 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED U. S. A. Allegany County WIDOWED [DIVORCEE Idlinois 12a. USUAL OCCUPATION (Kind of wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital give street address) Allegany Count Furing mast of working life, even if retired.) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Cumberland Retired: B & O. R.R. 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 510 Eastern Ave. YES X NO Cumberland llegany 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Dashney Joseph Bugg Anna 17. INFORMANT P.O. Box 599. Addrescumberland . Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, ar unknawn) burial, crematian, or remaval, 705-09-3467 Allegany County Infirmary records. Unknowa 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART J (a) FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WESE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from Nov. 28, 1967, to July 12, 1968, that (I) (we) lost sow the deceased alive on July 11, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stoted above, (i) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (gry or Town) NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE (County) REMOVAL (Specify) 0 Cumberland Allegany Maryland Sunset Memorial Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ochanles H. Lee Silcox 404 Decatur St., Cumb., Md.

MAKTLAND STATE DEPARTMENT OF HEALTH

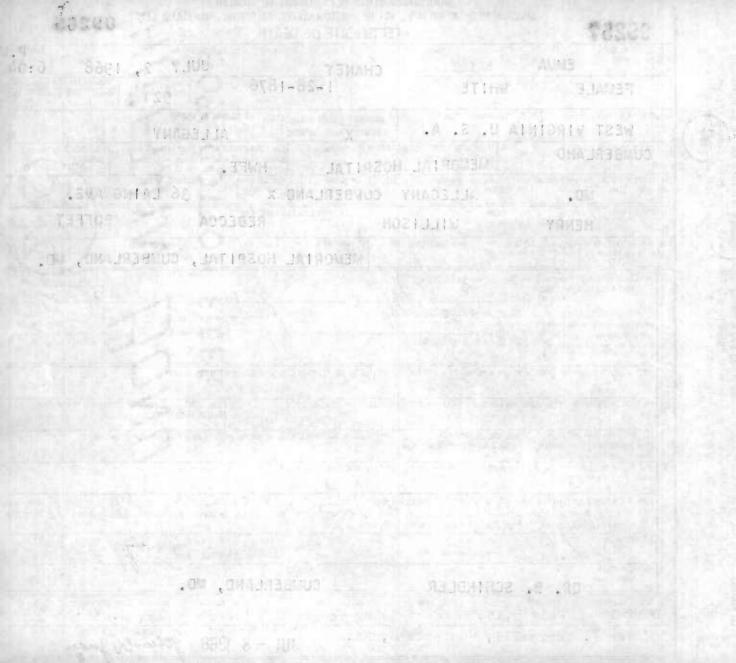


1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	9262
I and 2 of death.	1. DECEASED-NAME (Type or print) VIOLET Middle BURKETT 20. DATE OF DEATH Month y Day 3	1°968 5:454
	3. SEX FEMALE 4. RACE WHITE 5. DATE OF BIRTH 8-18-1887 6. AGE (In yeors last birthday) MONI	NOER I YEAR IF UNDER 24 HRS. THIS GAYS HOURS MIN.
	7a. BIRTHPLACE (State or foreign country) KEGG, PA. Tb. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH ALLEGANY	Md.
0	CUMBERLAND Give street address AL HOSPITAL during most of working life even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE PENNA 13b. COUNT BEDFORD HYNDMAN 13d. INSIGE CITY LIMITS7 YES X NO 13e. STREET AND NUMBER	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST CODE LASS Middle SERTERS	Hoom Negnx
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocunknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 210–18–9580 MEMORIAL HOSPITAL, CUMBERLAI	
14	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Jermael Conline failure	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH WELL
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	last. (c) If a Consequence of	3
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	DERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 10c CONTRIBUTING CLAUSE OF GRAIH (If either, natify medical examiner) 10c CONTRIBUTING CLAUSE OF GRAIH (If either, natify medical examiner) 10c CONTRIBUTING CLAUSE OF GRAIH 10c ATION. Street or R.F.D. No. 10	18.)
	21d. INJURY OCCURRED While Not while of wark at wark of wark at wark	ounty Stote
	22a. I certify that (I) (this hospital) ottended the deceosed from 13 poe, 1967, to 13 guiz, 1965 as we the deceased alive an 13 guiz, 1965, and that in (my) (our) opinion death occurred on the date of causes stated obave, (I) (we) (did) (did not) view the bady ofter death.	, that (I) (we) last and haur and from the
	22b. SIGNATURE W. achou Vn own DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	SIGNED
1	22d. PHYSICIAN'S / NAME (Type) DR. W. A. VAN ORMER 22e. ADDRESS 122 S. CENTRE ST., CUMB	
	Buriaria July 1661968 Palo Alto Cemetery Hyndman, Pa. RD	<u> </u>
8	24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Pa. ADDRESS Harvey H. Zeigler, Hyndman, Pa. 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 250. REGISTRA	Judge





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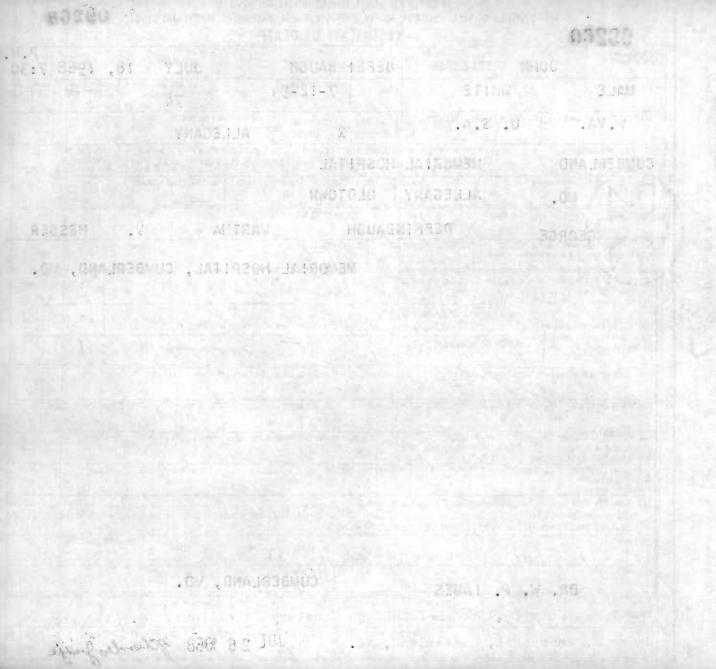


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09258 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2g. DATE OF DEATH CROYLE (Type ar print) THOMAS RALPH 3 Day 1968 transit permit. Then please remove corbon papers. Pages 7 crematian, ar remaval, ond in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday) MONTHS DAYS HOURS 10-5-1897 WHITE MALE 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED cauntry) PA. ALLEGANY U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) CUMBERLAND during most of working life, even if retired.) Cetanese Fibre HOSP. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13e. STREET AND NUMBER 13d. INSIGE CITY LIMITS? admissian) STATE 13b. COUNTY ALLEGANY VALE NO NATIONAL HI GHWAY 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle DIVELY MARGARET GEORGE CROYLE A. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? MEMORIAL HOSPITAL-CUMBERLAND, MD. Yes, no ar unknawn) I (If yes give war or dates of service) 214-07-4619 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY entreu es IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) Muyo caralle rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ulmoure PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) os the prior tak TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of It (If either, natify medical examiner) be detached State Dept. c (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 7-3, 19.65, to 7-3, 17.65, months, (10.7) and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURI 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S CENTRE ST., CUMBERLAND, MD. NAME (Type) DR. VINCENT DROSS 23c. NAME OF CEMETERY OF CREMATORY OSterburg Resormed Cemetery Baterburg, 23b. DATE 23a. BURIAL, CREMATION Bedford, RB1QVALISTERY) 7/6/68 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) H. . Wayne George Cumberland, Md. Ochanles Judge DATELLI - 8 1968 30M REV. 1/68

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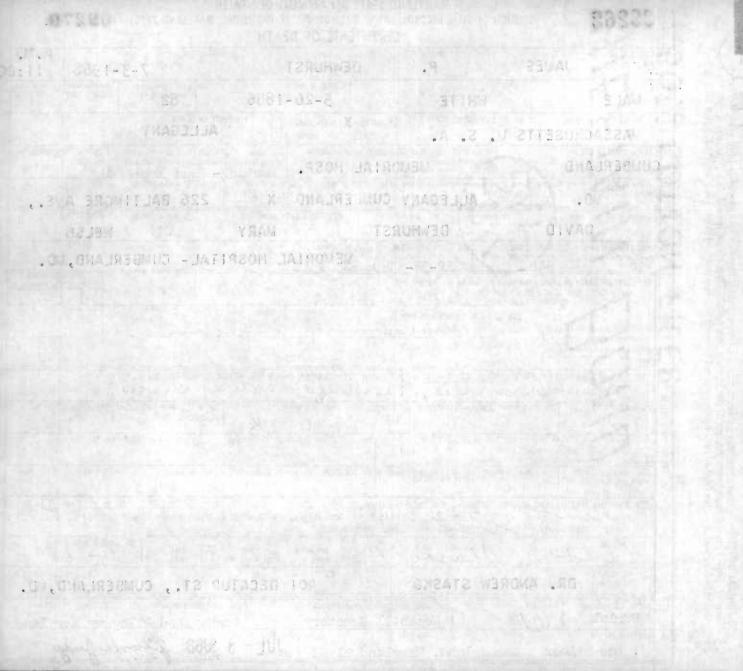
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09269 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-CHARLES EDWARD 23, 168, 3 OQA M DETER Pag IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR ort Sirthday) MALE FEB 22,1912 1968 193:30 A M 7o. BIRTHPLACE (Stote or foreign MARRIED # NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH count CUMBERIAND WIDOWED [DIVORCED [ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Office along with 12b. KIND OF BUSINESS OR during most of working life even if retired)
CELANESE CORP. OF give street address) **INDUSTRY** CUMBERLAND FREDERICK STREET AMERICA land 2 with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYT AND 13b. COUNTY LEGANY CUMBERT AND YES I NO \$22 FREDERICK after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First DETER ELIAABETH LINDNER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 217-10-5076 MRS HILDA DETER 622 FREDERICK ST 0 within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) executed BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema IMMEDIATE CAUSE (o). event DUE TO, OR AS A CONSEQUENCE OF Cardiac Hypertrophy; Coronary Sclerosis ---Conditions, if ony, which gave burial-transi rise ta immediate cause (a). certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) HYPERTENSIVE CARDIOVASCULAR DISEASE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, farm, street, City or Town County State factory, affice building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection XX Inquiry X ond in my opinion deoth resulted from: Notural couses X. Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XX JULY 23, 1968 **EXAMINER'S** BENEDICT SKITARELIC, M.D. 5 may TO FUNE Health ADDRESS(Street, city, tawn, or county) UMBERLAND, MARYLAND NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) JULY 68 FAIRVIEW BEDFORD PENNSYLVANIA FATRVIEW CEMETERY 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE H. LEE SILCOX 404 DECATUR STREET CUMBERLAND Marie JUL 25 Ocharles Judge VR A15ME (5) 10M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH



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	3. SE	MALE	4. RACE			5. DATE OF BIRTH	68	6. AGE (In year last birthday)	YRS. IF U	THS DAYS	HOURS 53
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		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) IMMEDIA Conditions, if ony, which gove 1	ATE CAUSE (o)	R AS A CONSEQUENCE OF		un t	alor			BETWEEN ON	MATE INTERVAL NSET AND GEATH
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. The Funeral DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trois should be filed with the State Dept. of Health prior to burial, cre	CERTIFICATION	776 X		VHICH OPERATION WAS P		20o. AUTOPSY		20b. IF YES, WERE FINDI CAUSES OF DEATH?	INGS CONSI	DERED IN CE	RTIFYING
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the hosi this cel detache e Dept.	WE	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		1/2	r R.F.D. No.	City or Town	. (0	ounty	Stote
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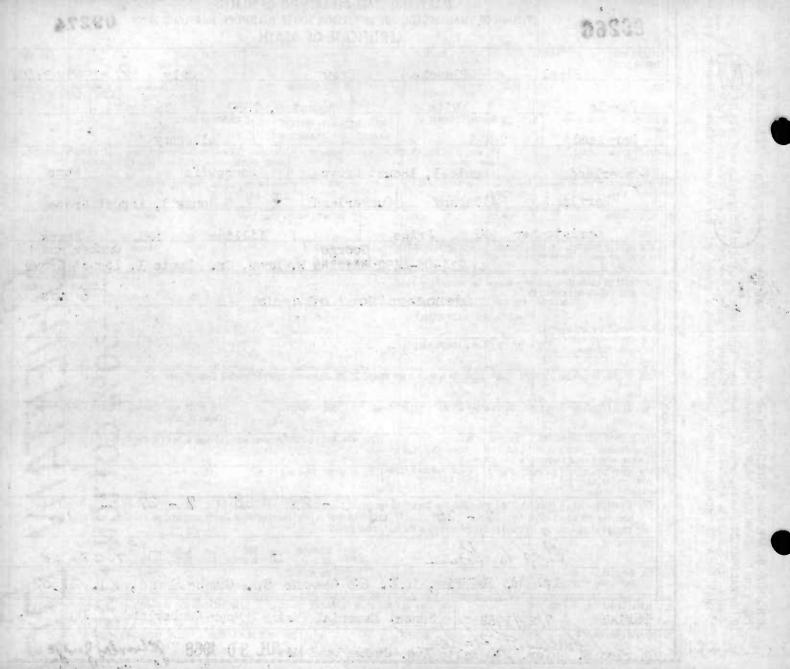
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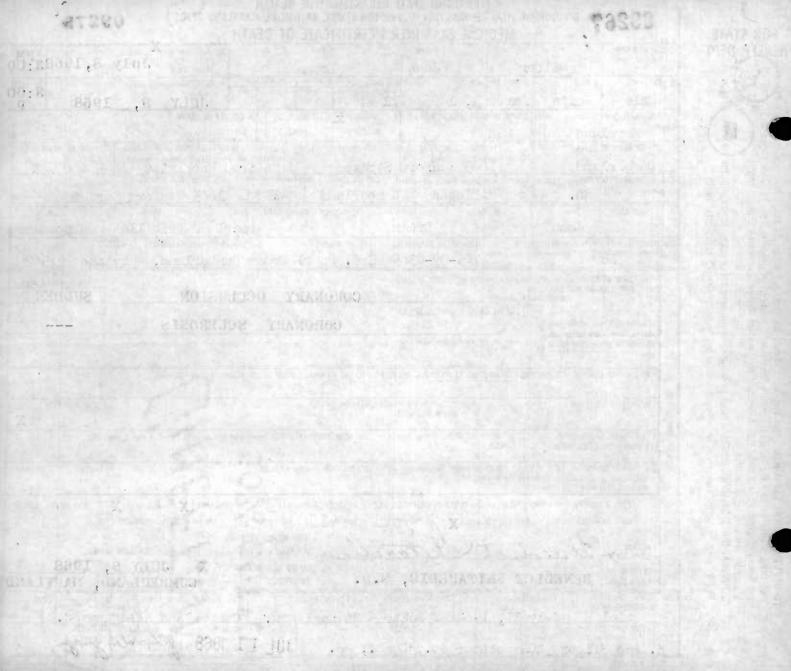
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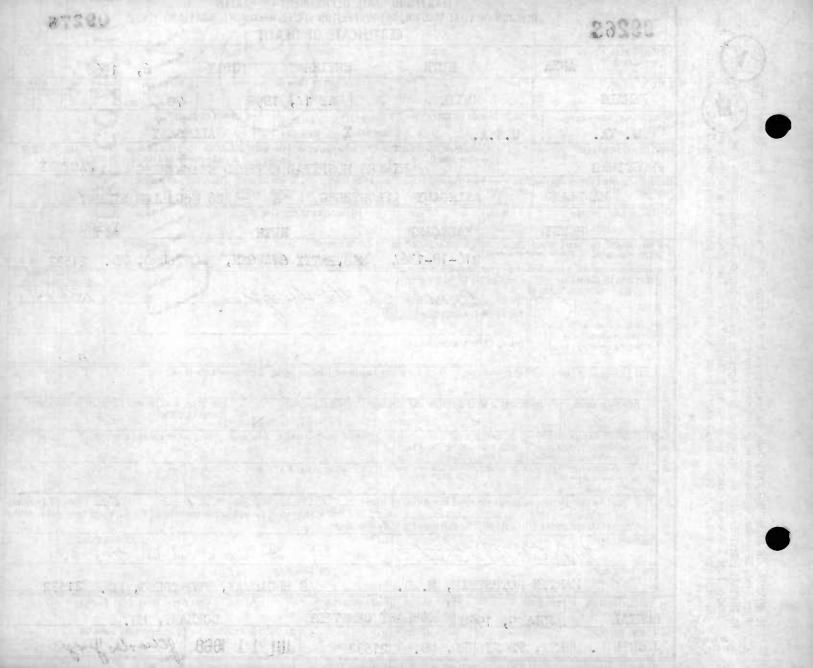
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09274 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 2a DATE OF OFATH 2b. HOUR (Type or print) Month 968 Ethel Blanche July Drew 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. after last birthday) DAYS HOURS White 78 Female August 6. 1889 YRS edte remove carban papers. Pag and in any event, within 72 hours within 24 haurs npletely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [7] Allegany Maryland Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.)
Housewife INDUSTRY Route 1. Tome Cumberland Locust Grove 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER lisb. COUNTY legany odmission) STATE Maryland YES X Cumberland Route 1. Locust Grove 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First Last E Last Christopher Price Lillian Kerns II. requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO CHUTPHANT Address Cumberland Md physici en ple Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, ar removal, SHEFIES W. Drew. Locust Grove 214-05-4492 Route CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. 6 mos Adenocarcinoma of cecum IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise ta immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) priar ta t Page 4 may be retained by the haspital or attending has been s as the OR ATTENDING PHYSICIAN: The law 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES T NO T use directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased from 3 = 25 , 19 65, ta saw the deceased alive an 7 = 26 19 68 and that in (mv) (aur) apinian dea 19 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** X 7-27-68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Ballin. St. Cumberland, Md. 21502 Ralph NAME (Type) Greene 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION Near Cumberland Alleg REMOYAL (Specify) Sunset Memorial Park 7/29/1968 2 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) MANUL 30 1968 30M REV, 1/68 Hafer, 230 Balto Ave. Cumberland Charles E.

MARYLAND STATE DEPARTMENT OF HEALTH





MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09276 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) ANNA Month RUTH ENTIER JULY 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years requires that the deoth certificate be executed within 24 hours after 70 FEMALE WHITE MAY 14, 1898 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W U.S.A. ALLEGANY WIDOWED A DIVORCED [burial, cremation, or removol, and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR MINERS HOSPITAL RETIRED SEAMSTRESS give street oddress) FROSTBURG 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ALLEGANY NO [FROSTBURG 26 McCULLOH 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle TWIGG HENRY KASECAMP RUTH 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) 216-18-1364 MRS BETTY SWAUGER, FROSTBURG, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY aura IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-tronsit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been be detoched for use as the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of wark APRIL , 1966, to 6-6 220. I certify that (1) (this hospital) attended the deceased from_ sow the deceosed olive on 7-6 1968, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) MARTIN ROTHSTEIN, M. D. 48 BROADWAY, FROSTBURG, MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 23b. DATE BURTA (Specify) ECKHART CEMETERY 1968 ECKHART. MD ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles Ja 1968 JOSEPH R. DURST, FROSTBURG, MD. 21532 30M REV.

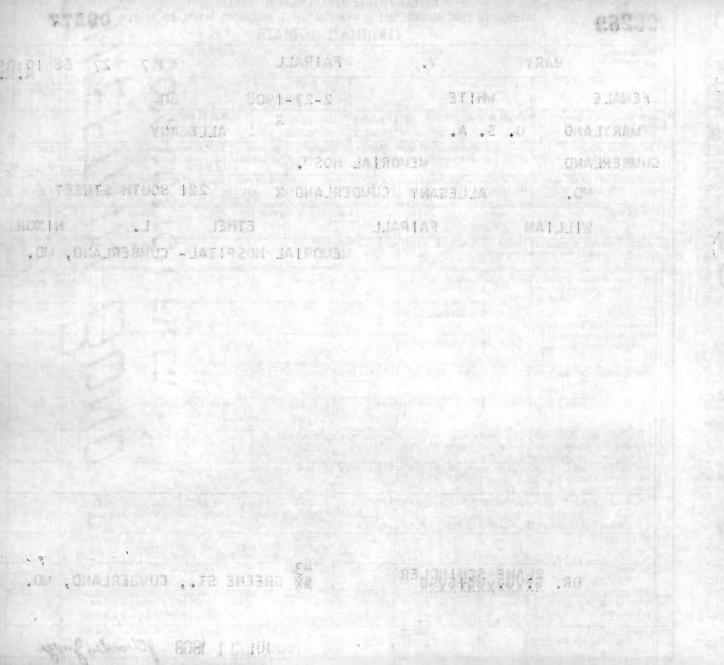


1	263 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	09277
the funeral ages 1 ond 2 & after death.	ED-NAME First Middle V. FAIRALL 2a. DATE OF DEATH Month 7 Doy	27 Yeor 68 19:9
	EMALE 4. RACE WHITE 5. DATE OF BIRTH 2-27-1908 6. AGE (In years last bighday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	MARYLAND 7b. CITIZEN OF WHAT COUNTRY? U. S. A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ALLEGANY	Md
0	TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)	12b. KIND OF BUSINESS OR LINDUSTRY Grocery Mct.
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	ACCIDENT WAS UNDERLYING PROMITION OF THE	Item 18.)
	I. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town ork of work	County State
	saw the deceased alive an	
	DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR DIREC	DATE SIGNED \$ 29/9/
1	NAME (Type) DR. STORY TELEVISION SO GREENE ST., CUMBE	
$\langle I $	RIAL, CREMATION, JULY 30, 1968 23c. NAME OF CEMETERY OR CREMATORY JULY 30, 1968 St. Mary's Cemetery Cumberland, Al RAL DIRECTOR 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S	
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MAKTLAND STATE DEPARTMENT OF MEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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10 e e e e	odm	ssion) STATE Md.	d lived, if institution: Residence before 13b. COUNTY Allegany	Mt. Savage	YES NO Y	13e. STREET AND NUMBER Main Street		
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physician ien please aval, and i	160.	WAS DECEASED EVER IN U.S. ARMI es, no, or unknown) (If yes give we	ED FORCES? ar or dotes of service) 217-24-406	The second secon		Main Str eets Mt. Savage, Mo		
Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbo, papers: — see 1, and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	y one couse per line for (a), (b), ond (c) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT N	my arter	Diser Leuros AL DISEASE OR CONDITION	Causaca Rayen in part 1(0)	BETWEEN ONS	NTE INTERVAL EET AND DEATH
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O FUNER director, shauld b	230.	BURIAL, CREMATION, 23b. Da	ATE 23c. NAME OF 7 13, 1968 Sunset	CEMETERY OR CREMATORY	23d. L	OCATION (City or Town) berland Allega	(County) any Mary	(Stote)
VR A15 (3) 30M REV. II 58		FUNERAL DIRECTOR	ADDRESS 04 Decatur St., Cu		250. REC'D BY REGIST	RAR 25b. REGISTRAR'S	SIGNATURE QUE	

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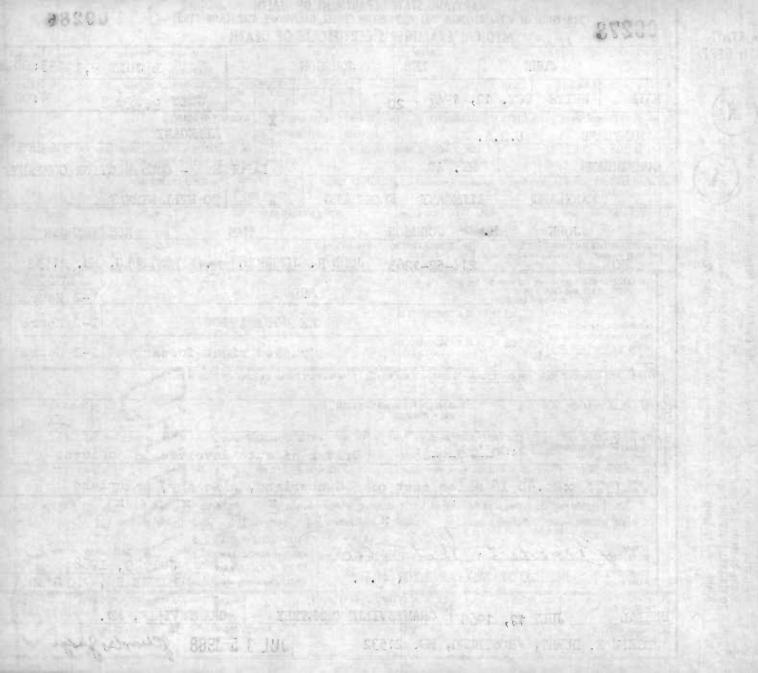
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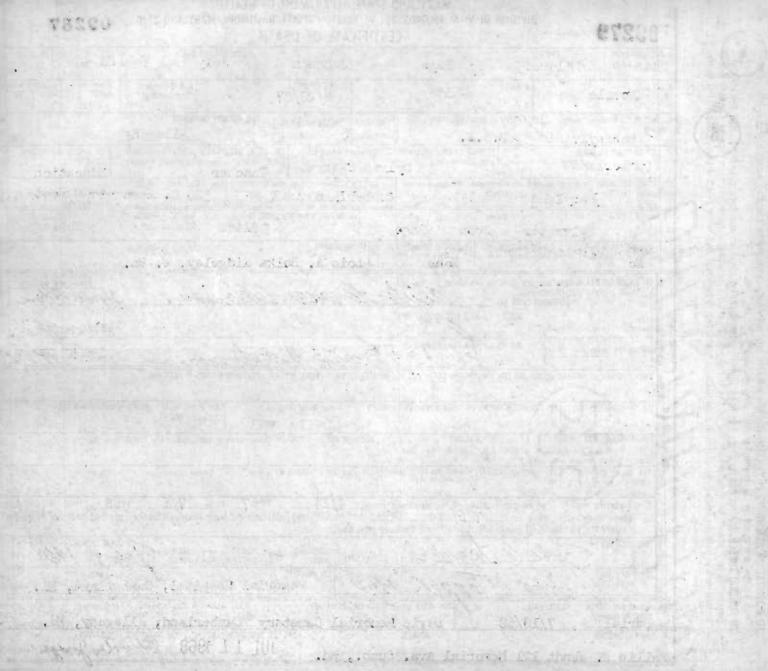
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09286 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor delay 1, nd 3 to Page (Type or Print) OF ESTI-**JOHN** LEE **JOHNSON** JULY 9.19683:00 ME 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR : 00 ,7 WHITE OCT. 12, 1947 MALE Marthry o 20 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH ALLEGANY WIDOWED [DIVORCED [U.S.A. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
LABORER — CONSTRUCTION COMPANY give street oddress CUMBERLAND 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY ALLEGANY FROSTBURG 30 HILL STREET ond 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First JOHN H. JOHNSON MAE ROSENBERGER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) JOHN E. JOHNSON, FROSTBURG, MD. 21532 214-52-1263 within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY SHOCK 1-2 Hour IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF EXANGUINATION 1-2 Hours Conditions, if ony, which gove rise to immediate couse (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Crushed right forearm 1-2 Hours PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY POR CONTRIBUTING 2: CHOUR A.M. Driver of auto involved in accident CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote NOT WHILE Rt of 16 miles east of Cumberland, Allegany, Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy [87], Inspection . Inquiry . and in my apinian Natural causes . Accident . Suicide . Hamicide . Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL tareles MD 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1 July 9, 1968 5 moy b **EXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or co CHIMBERLAND, MARY LAND NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) GRANTSVILLE CEMETERY GRANTSVILLE, MD. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Melianes JUL 1 5 1968 JOSEPH R. DURST, FROSTBURG, MD. 21532 VR A15ME 5



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09287 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR Month 6 Doy 68 Year (Type or print) Mildred Page Johnson July 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR requires that the deoth certificate be executed within 24 haurs after White Female 2/28/87 lost birthdoy) HOURS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) = Allegany U.S.A. WIDOWED A DIVORCED Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Cumberland **INDUSTRY** cremotion, or removal, and in any event, with pleose remove carbon Sylvan Retreat Teacher Education 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 328 N. Mechanic Street odmission) STATE 13b. COUNTY Maryland Allegany Cumberland YES [X] NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Blida Thomas Page Sylvester John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give wor or dates of service) Lois A. Bolka Ridgeley, W. Va. None APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremotic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) os the prior to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🗍 NO 🗌 for use 3 should be detoched for use with the State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended, the deceased from 4/14, 1967, ta 7/6, 1968, that (1) (we) last saw the deceased alive an 7/6/1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS. director, poge should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Memorial Hospital Cumberland 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) 0 7/10/68 Cumberland, Allegany, Davis Memorial Cemetery 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR DATE 1968 Philip B. Wendt 121 Memorial Ave. Cumb. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09288 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00000 1 DECEASED NAME HEALTH DEPT. First Middle Lost 20. DATE KNOWN [Month Doy 18 1968 ESTI-(Type or Print) James Kerns DEATH MATED 4 RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR Doy White May 24. 1904 Male 64 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) W. Va. USA Allegany WIDOWED [DIVORCED [Give Poges State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with during most of working life, even if retired.) Monsorial give street oddress Memorial Hospital the Cumberland along with 1 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 13b. COUNTY tem 18. Bedford Hyndman ond 2 Office ofter 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Jacob Moreland within 24 Kerns Evaline hours aminer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no, or unknown) 214-07-0118 Mrs. Marian Kerns. Hyndman APPRDXIMATE INTERVAL within be executed CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH Chief Medicol PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS LEFT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS burial-transit SUDDEN Conditions, if any, which gove rise to immediate couse (a), This certificate should writing the word DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES X NO T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I tank charge of the remains described above, held an Autopsy Inspection X Inquiry K and in my opinian Natural causes deoth resulted from: Accident Suicide Homicide Undetermined monner be retained please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE July 18, 1968 O DEPUT mov Heolth Benedict Skitarelic. ADDRESS(Street, city, town, or county) Cumberland. Maryland M. D. NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)_Buria_ Bedford Hyndman. Hyndman Cemetery 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Zeigler. 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 09289 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03281 CERTIFICATE OF DEATH First Middle Lost 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME funeral 1 and 2 ter death. 11:15P (Type ar print) KLINE JUMowth POY 1968 ANNIE M. requires that the death certificate be executed within 24 haurs after deat tarban papers. Pages I vent, within 72 haurs after 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) AUGUST 4, 1885 HOURS WHITE FEMALE 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED _= MARYLAND USA ALLEGANY DIVORCED [WIDOWED X mpletely filled in carban paper 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most a your judge percen if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY 427 VINE STREET WESTERNPORT YES 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost Middle Lost CROWE MARGARET TEASDALE ELLSWORTH 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng or unknown) (If yes give war or dates of service) HOSPITAL RECORED, 900 SETON DR., CUMB., MD. 220-34-2064 signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CONGESTIVE BETWEEN ONSET AND DEATH HEART FAILURE 2 MOS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE 2 YEARS Conditions, if ony, which gove rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 2Do. AUTOPSY? CAUSES OF DEATH? № ПХ YES [TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark . 19 00 ta / - 15 22a. I certify that (I) (this haspital) attended the deceased from 1 = 13 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) R. 62 GREENE ST. CUMBERLAND, MD. 21502 W. BALLIN, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Philos Westernport

IRAR | 25b. REGISTRAR'S SIGNATURE 7/18/68 Md **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Westernport, Md. DATE JUL 2 2 1968 Ochanla 30M REV. 1X6

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09290 CERTIFICATE OF DEATH Last r the funeral Sages 1 and 2 Middle 20. DATE OF DEATH 1. DECEASED-NAME ficate be executed within 24 haurs after death. (Type or print) Elizabeth Klitsch July 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) MONTHS DAYS HOURS White Female 1/13/1883 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X country) ₽. DIVORCED [Allegany County U. S. A. Germany WIDOWED [campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Allegany Co. 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY Martin 10. CITY OR TOWN OF DEATH during most of working life, even if retired.)
Retired:Seamstress Cumberland 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Cumberland YES X NO 509 Furnace Street 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Lost Klitsch Gottlieb Elizabeth Wiegand 17. INFORMANT P.O. Box 599. Addrescumberland. Md. 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, ng. grunknawn) | (If yes give war or dates of service) Yes, na, ar unknawn) 5-05-71514 Allegany County Infirmary records. burial, crematian, ar remaval, no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OHO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit rise to immediate couse (o), DUE TO, OR AS CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTURE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while ot work 22a. I certify that (I) (this hospital) attended the deceosed from Sept. 6, 19 61, ta July 29, 1968, that (I) (we) lost saw the deceased alive on July 29, 188, and that in (my) (our) opinion death occurred an the date and haur and from the causes stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED STAFF DIRECTOR K DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) MEMORIAL HOSPITAL M. SIMONS, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (State) GREENMOUNT CEMETERY CUMBERLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** BYRON KIGHT CUMBERLAND, MD. 1968 AUG 5 30M REV. 1

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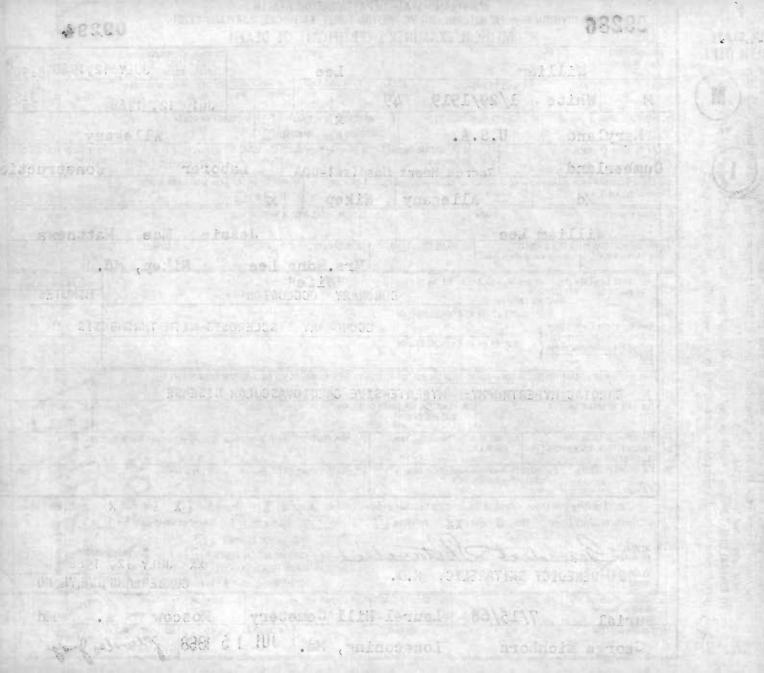
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hours after death by the funeral s. conges I and 2	3. St	FEMALE	4. RACE WHITE	5. DATE OF BIRTH 2-26-0		6. AGE (In years last pinhaay) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
24 hour	caul	Pennsylvania	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		DEATH ANY		Md.
		CUMBERLAND		HOSPITAL	20. USUAL OCCUPATION uring most of working Housew.	life, even if retired.)	12b. KIND OF B	USINESS OR
e executed with	13a. odm	USUAL RESIDENCE (Where deceosed ission) STATE MD.	d lived, if institution: Residence befare 13b. COUNTY ALLEGANY	13c. CITY OR TOWN 13d. IN CUMBERLAMB	SIDE CITY LIMITS? 13e. ST	REET AND NUMBER	ENPOIN	T
be exe	14. [ATHER'S NAME First Michae	Middle Last	1s. Mother's maiden	NAME First e Lehman	Middle Thomas		Last
hificote hysiciar n pleos ral, anc	Y	WAS DECEASED EVER IN U.S. ARME		NO. 17. INFORMANT		TAL, Address	BERLAN	D, MD.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physician and completely the should be detached for use as the burial-transit permit. Then please remove carbon in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the State Dept.		PART I. DEATH WAS CAUSED IMMEDIATI 4 10 9 Canditians, if any, which gave trise to immediate couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF C(c) DITIONS CONTRIBUTING TO DEATH BUT N	y Certa	hraces and her	N IN PART I(a)	7 and	SET AND DEATH
VING PHYSICIAN: The law requires the by the hospital or ottending physicion. Ifter this certificate has been signed by be detoched for use os the burial-transtate Dept. of Health prior to burial, cre	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	YES	NO CAUSES	YES, WERE FINDINGS CO OF DEATH? ry in Part 1 ar Part 2, 1		RTIFYING
O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or of D FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use shauld be filed with the State Dept. of Health	MED	While Not while at wark at wark 22a. I certify that (1) (this saw the deceased ali	LACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	ed fram 4 2 16	1, 19, ta_	or Town		(t) (we) last and fram the
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the State	(22d. PHYSICIAN'S NAME PYDES DR.	R. J.WMS.	DEGREE ATTENDING PHYS. 22e ADDRESS	MED. DIRECTOR CUMBERLAN	STAFF PHYS.	DATE SIGNED	68
= =	24	FUNERAL DIRECTOR	ly 9, 1968 Pal	cemetery or crematory o Alto Cemete		on (City or Town) man RD#1 25b. REGISTRAR'S	(Caunty) Bedfor	(State) rd Co Pa.
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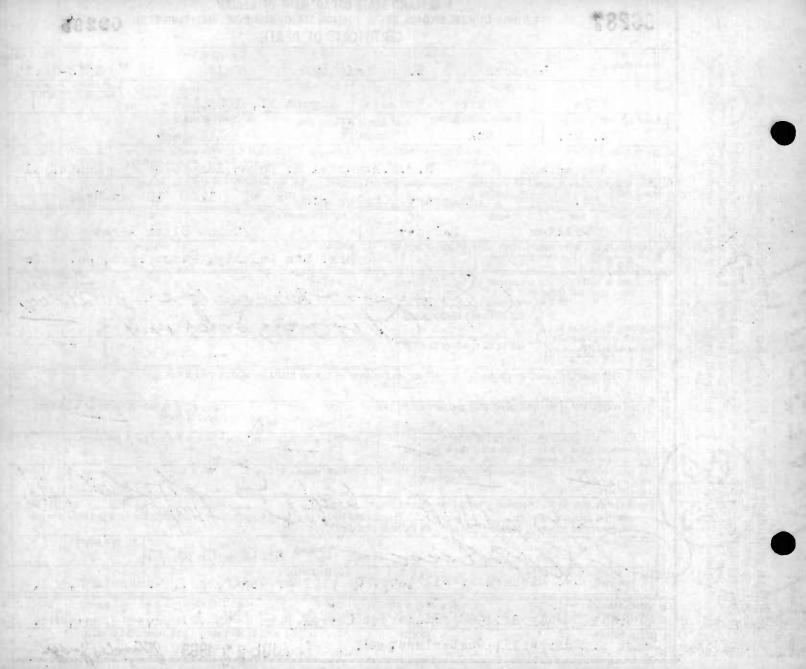
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While Not while at work of two the deceased from 7-10, 1968, to 7-18, to 1968, that (I) sow the deceased olive on 7-18, and that in (my) (our) apinian death occurred on the date and hour and causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. STAFF PHYS. DEGREE PHYS. DIRECTOR PHYS.	RTIF	210. ACCIDENT WAS UNDERLYIN	H HOUR A.M. Month Doy Year		er noture of injury in Part 1 or Part 2, It	em 18.)
220. I certify that (I) (this hospital) attended the deceased fram 7-10, 1967, to 7-18, 1966, that (I) sow the deceased alive on 7-18, and that in (my) (our) apinian death occurred on the date and hour and causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 7-19-66		(If either, natify medical examin	ner) P.M.			
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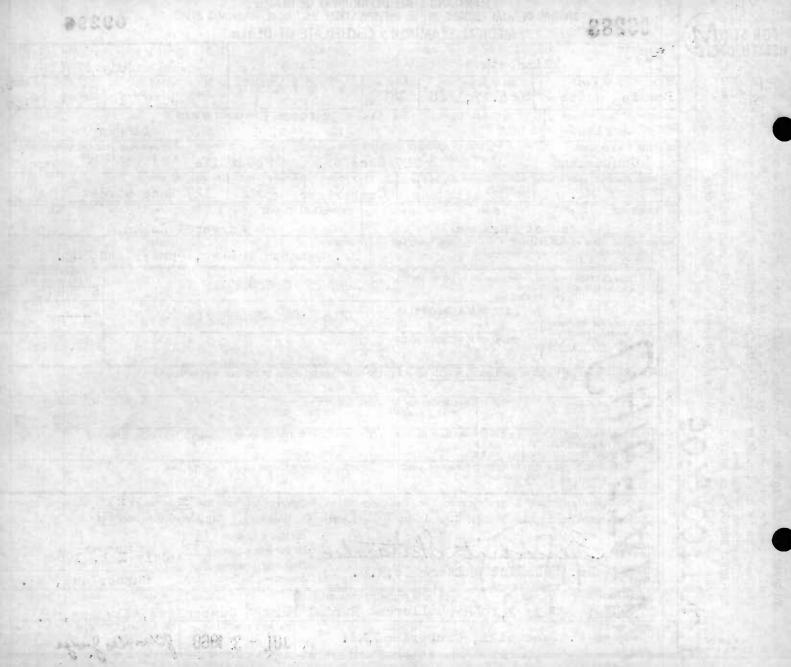
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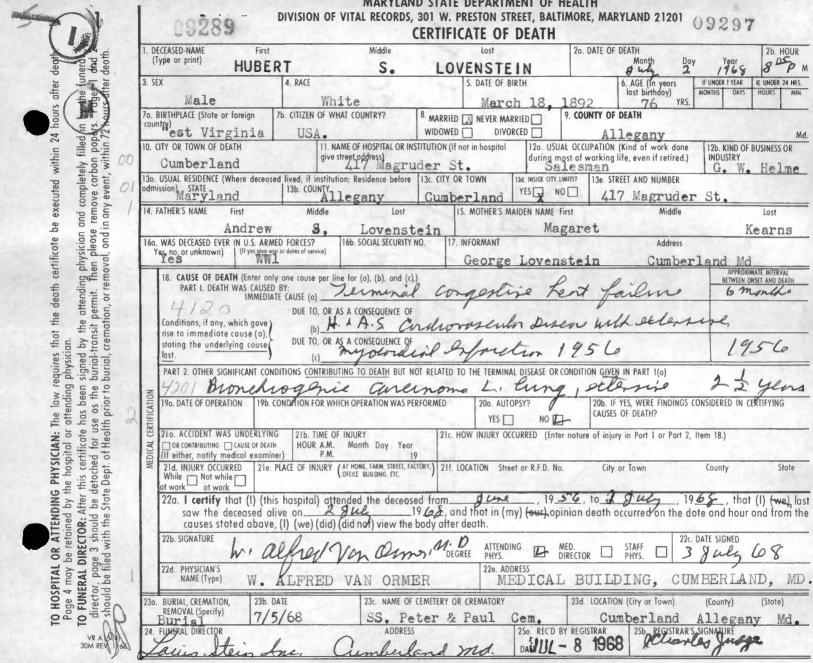
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09294 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First 2a. DATE KNOWN Manth Day 2b. HOUR (Type or Print) ESTIdelay is and 3 ta M3. Page William DEATH MATED JULY 12,1968 B:50M Lee IF UNDER 1 YEAR IF LINDER 24 HRS 2d. HOUR 3:50 M 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pup last butbday) PM3. White 1/29/1919 Yeor M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Maryland U.S.A. WIDOWED [DIVORCED [Allegany Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Cumberland Sacred Heart Hospital-DOA Construction 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Nikep in pencil in Item 1.8. YES INO l and 2 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle William Lee Matthews Jessie Mae hours 16g, WAS DECEASED EVER IN ILS, ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS certificate shauld be executed within (Yes, no, or unknown) Mrs. Edna Lee Niken. File APPROXIMATE INTERVAL within "Wife" 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: "pending" CORONARY OCCLUSION MINUTES IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave CCORONARY SCLEROSIS WITH THROMBOSIS rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) HYPERTENSIVE CARDIOVASCULAR DISEASE CARDIAC HYPERTROPHY: removal CERTIFICATION used 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? please execute the certificate, YES 🗍 NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. crematian, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X ond in my opinion Natural couses XX. Accident . death resulted from: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER JULY 12, 1968 DEPUTY MEDICAL EXAMINER XX BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or counGUMBERLAND . MARYLAND NAME (Type) 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) 7/15/68 Laurel Hill Cemetery Md Moscow Burial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15ME (5) George Eichhorn Lonaconing, Md.

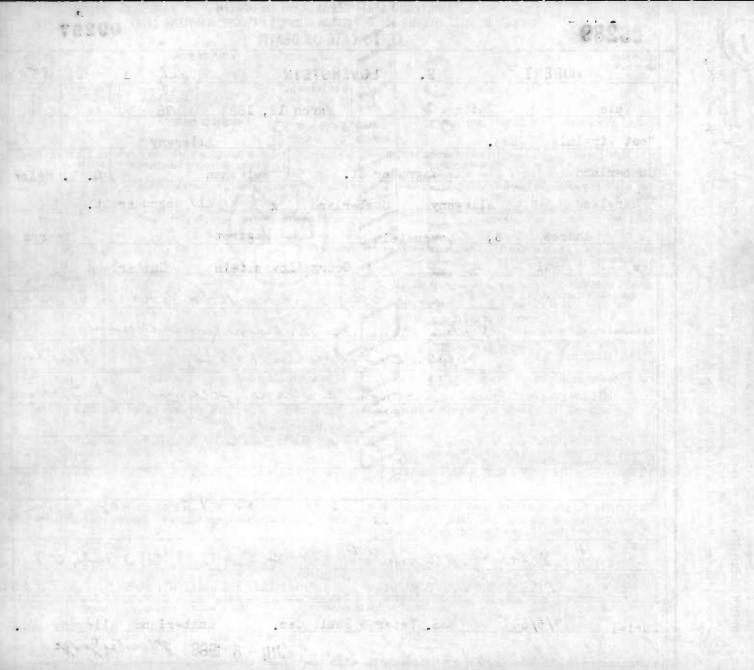




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Elizabeth Linn 168 DEATH MATED July 1A M Pag ment 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2d. HOURD White Oct.17,1888 Female 1968 6:30 land 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm country) Maryland USA Allegany WIDOWED X DIVORCED [pencil in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done alang with give street address) during most of werking life, even if retired.) Cumberland Race St. Home death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Allegany 127 Race Street Cumberland YES NO [the Chief Medical Examiner's Office after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME August Krause Margaret Books pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Mr. Kenneth Fuller, Cumberland, Md. no permit. File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH CORONARY OCCLUSION PART I. DEATH WAS CAUSED BY SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS burial-transit Conditions, if ony, which gove rise ta immediate cause (a), shauld please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) remaval, 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO X pe Б 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE I NOT WHILE FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry K and in my apinian death resulted fram: Natural causes 🔀 Accident 🗍 Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER July X I, 1968 ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER DE EXAMINER'S Dr. Benedict Skitarelic.M.D. 5 may TO FUNE Health ADDRESS(Street, city, tawn, or county) Cumberland, Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial Hillcrest Burial July 2.1968 Park Cumberland, Allegany, Md 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Scarpelli, Cumberland, Md. VR A15ME (5) 10M REV. 1/68







MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1929) CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First JULYManth 17. Day1 968Year (Type ar print) **JAMES** T. LYNCH :20 AM van papers. Pages 1 within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years within 24 haurs after MALE WHITE 12-25-98 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED .⊑ country) MARYLAND USA ALLEGANY WIDOWED [DIVORCED [7] letely filled i 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR CUMBERLAND HEART HOSPITAL event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER LEGANY 24 NORTH LEE STREETS 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last _= JOHN LYNCH MARGARET THOMAS FLOOD and physician **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. SACRED HEART HOSPITAL CUMBERLAND, MD.21502 Yes, no or unknown) crematian, ar remaval, 900 SETON DRIVE 214-07-3328 PATIENT RECORD APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Levelusers and orteroschootic Cardiovascula 3 haces IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Thrombosis Canditians, if any, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Deabeted mellities Health prior ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO X TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. af H (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Town County Stote While Nat while at wark of work directar, page 3 shauld should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 68 DEGREE DIRECTOR PHYS GREENE STREET CUMB., MD. 21502 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) S.G. WEISMAN M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (Stote) REMOVAL (Specify) Cumberland Alleg Md. 7/19/1968 SS Peter & Paul Cemetery ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (A) Palto Ave., Cumberland Nati !!!! 19 Charles E. Hafer, 230

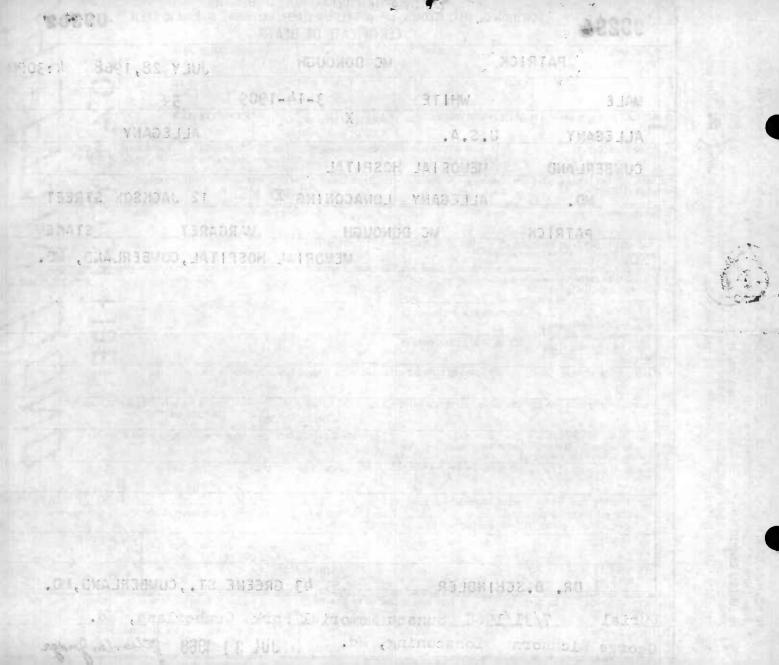
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	MARYLAND STATE DEPARTMENT OF HEALTH 19293 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19301
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. 5 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 42 0 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter patting of injury in Part 2 Item 18.)
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S PHYSICIAN: the hospital or this certificote detoched for u e Dept. of Heo	While Not while of work at work
ITAL OR ATTENDING PHYSICIAN: may be retained by the hospital or ALD DIRECTOR: After this certificate page 3 should be detoched far u be filed with the Stote Dept. of Heal	22a. I certify that (I) (this, hospital) attended the deceased from 6 , 1968, ta 7 , 1969, that (I) (we) las saw the deceased alive an 1968, and that in (my) (ever) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
OR AT be retained by the state of the state	22b. SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR STAFF TILE 168
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, poge should be filed	PHYSICIAN'S NAME (Type) H. C. DIEHL, M.D. 22e. ADDRESS 39 W. MAIN ST., FROSTBURG, MD.
TO HO Poge direct shou	230. BURIAL (REMATION, BURIAL (Specify) 7/17/68 ST. MICHAELS CEM. 23d. LOCATION (City or Town) (County) (Stote) FROSTBURG, ALLEGANY, MD.
VR A15 (4) 30M REV. 1/68	MARKETOUR SOWERS, HAFER-SOWERS FUNERAL 250. RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PARTIES OF THE PARTIE

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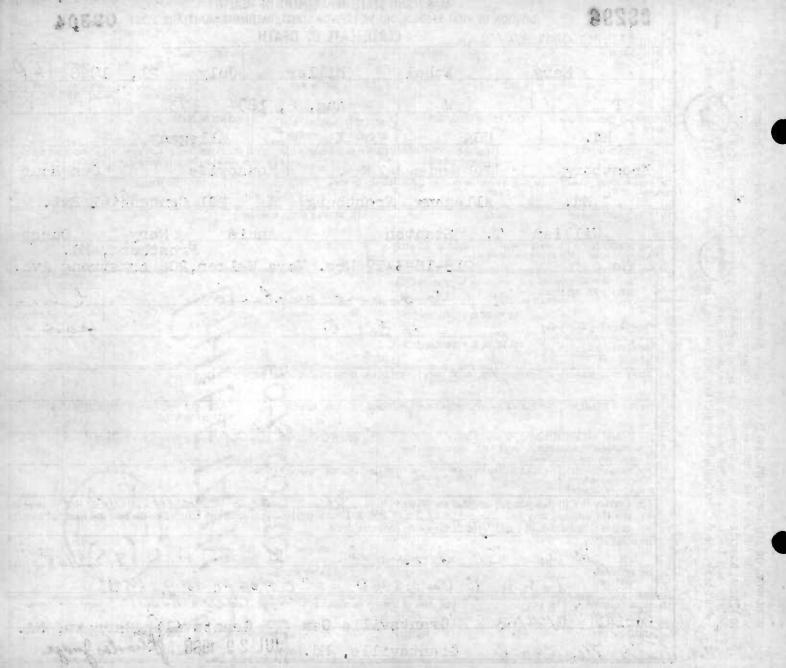
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inen/please moval, and i	160	es proper unknown) (If yes give we	IED FORCES? or or dates of service)		OSPITAL, CUMBERL	AND, MD.
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Did no	02	NAME (Type) DR	S.SCHINDLER	43 GRE	ENE ST., CUMBERI 23d. LOCATION (City or Town)	
S		BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR		cemetery or crematory		
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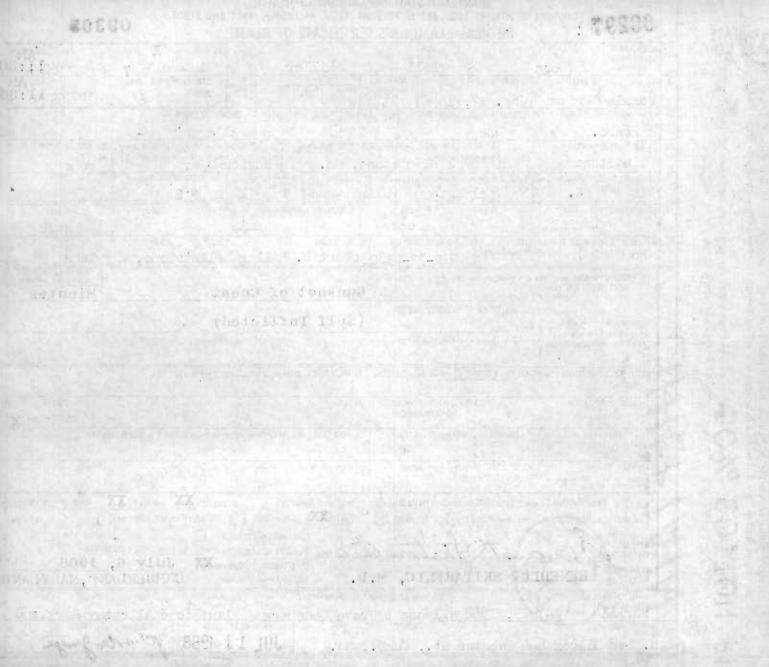
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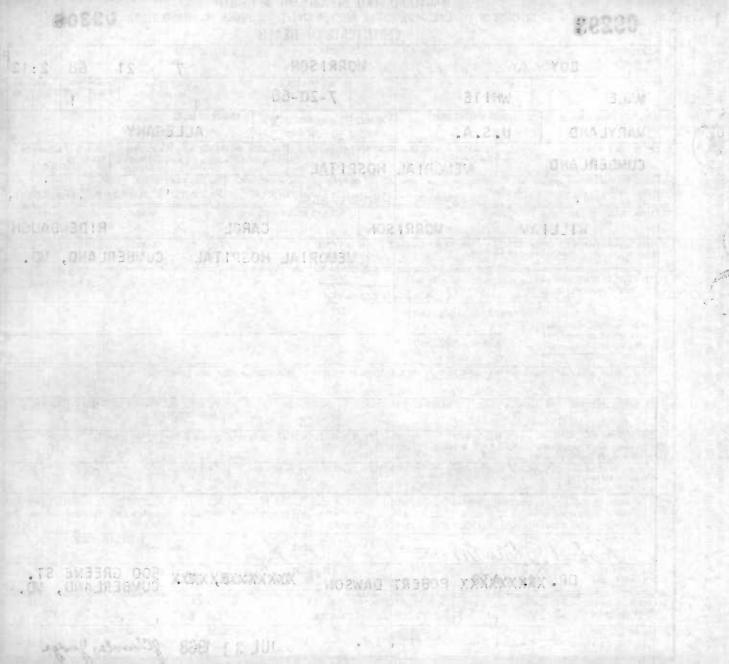
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	VR A15 (4)	24.	FUNDRAL DIRECTOR	ADDRESS		2So. REC'D B	Y REGISTRAR ZSB. REGIST	RAR S SIGNATURE U , PICL .
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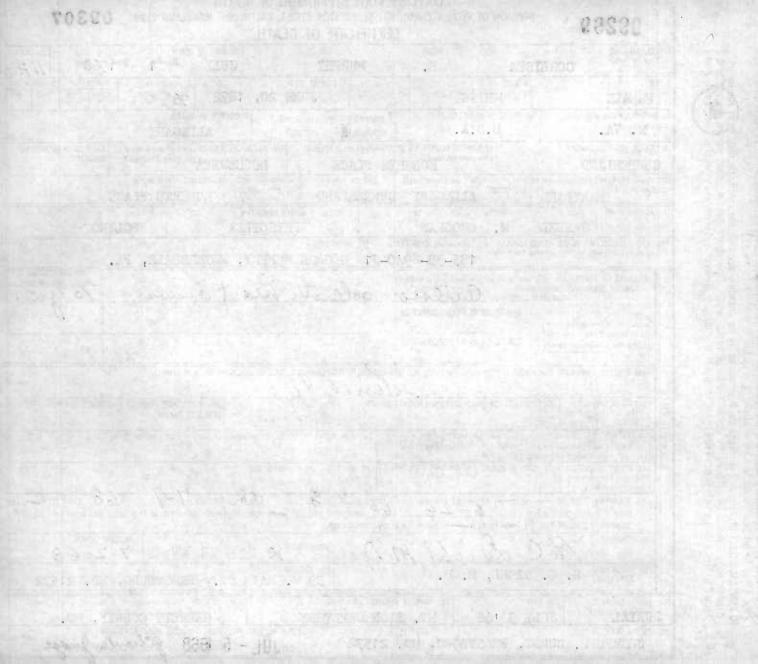


MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) ESTI Bell Miller 1:30 DEATH MATED Nora 2d. 1400 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH Inst buthday) Month 11:30 White Female Jan. 17. 1895 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Tond 2 with the Stote De Item 18. Give Pages 1, Penna. WIDOWED -DIVORCED [Allegany USA for 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olong with during most of working life, even if retired.)
Housekeeper INDUSTRY 2 Flintstone, Md. Flintstone Home 13d, INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. 13b. COUNTYAllegany odmission) STATE Md. Flintstone YES NO X RFD# 9 ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Daniel Beck Emma Mauk .= poges the Chief Medical Examiner's hours RFD# 2 ADDRESS within pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, pp or unknown) 212-32-8380 Robert E. Miller Flintstone, Maryland APPROXIMATE INTERVA .0 within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot of Chest Minutes pending IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF (Self Inflicted) Conditions, if any, which gave rise to immediate cause (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X please execute the certificate. YES T 21o. EXTERNAL CAUSE WAS 3 should 0 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL cremotion, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection XX Inquiry XX FUNERAL DIRECTOR: and in my apinian SuicideXX death resulted fram: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATU July 6, 1968 DEPUTY MEDICAL EXAMINER 5 may O FUNE Health SKITARELIC, M.D. BENEDI CT ADDRESS(Street, city, town, or count CUMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City, or Town) (County) REMOVAL (Specify) 1968 Pleasant Grove Cemetery Flintstone Allegany Maryland 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) H. Lee Silcox 404 Decatur St., Cumb., Md. 10M REV. 1/68

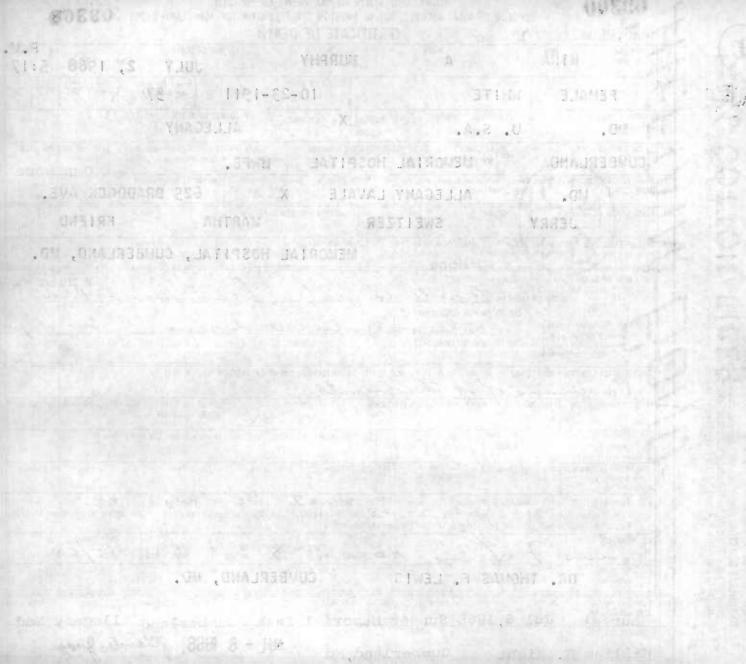


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	3. SE	FEMALE	4. RACE WHITE	S. DATE OF BIRTH 10-23-1	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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detacin te Dept	N	While Nat while at work		ORY.) 21f. LOCATION Street ar R.F.D. No		Caunty State
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O FUNERAL DIRE		22d. PHYSICIAN'S NAME (Type) DR.	THOMAS F. LEWIS	22e CUMBERL	AND, MD.	
direct	23a.	BURIAL, CREMATION, REMOVAL (Specify) Burial Ju	1 6,1968 Sunset	METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
N15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D E	BY REGISTRAR 725b. REGISTRAR'S	S SIGNATURE
V)		William G. K.	ight Cumber	land Md DATEUL		1



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09309 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR eral (Type or print) Month MURPHY WILLIAM 6:20M 3. SEX 4. RACE S. DATE OF BIRTH IF UNOFR I YEAR 6. AGE (In years IF UNDER 24 HRS. last_birthdoy) DAYS MALE WHITE 2-1-93 haval, and in any event, within 72 haurs 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 had country) BASS. ≘ USA ALLEGANY WIDOWED | DIVORCED [campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress ACRED HEART HOSP. during most of working life, even if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE W. VA. 13b. COUNTY DAVIS YES X NO T HENRY AVENUE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Last PATRICK J. MURPHY ELLEN HARR INGTON 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or waknown) (If yes give war or dates of service) 081-20-7375 HOSP. REC. CUMBERLAND. MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) signed by the offe burial-transit per burial, crematian, DUE TO, OR'AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta OR ATTENDING PHYSICIAN: The law 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🗀 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram_ . 19 . ta saw the deceased glive an________19__ _, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BLANE SCHINDLER, M.D. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Thomas. West Virginia Mount Calvary FUNERAL DIRECTOR INKLE FUNERAL HOME 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 DATAUG 5 30M REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH

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PATRICE J. BURLHY

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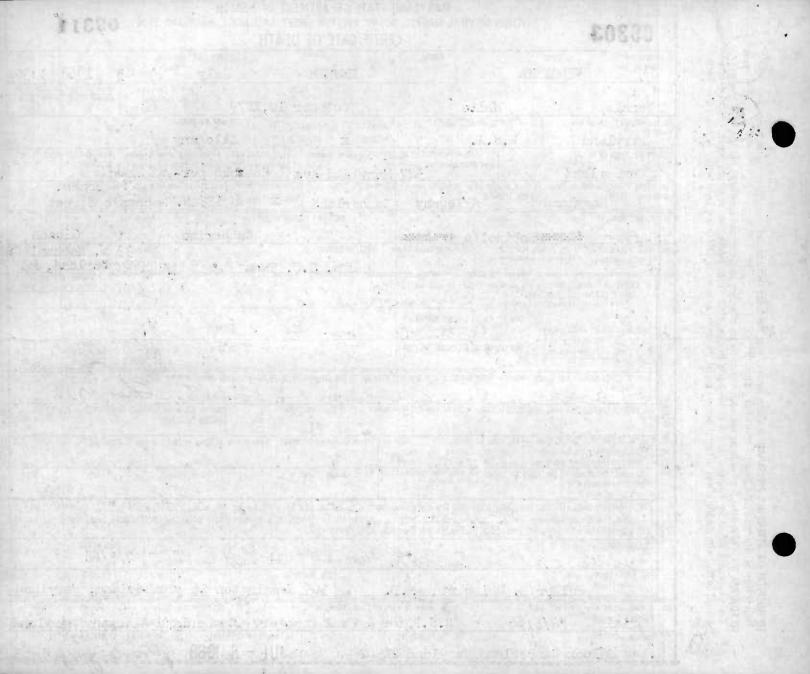
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	i	id. INJURY OCCI Vhile Not wh wark of wa	nile	PLACE OF	NJURY (AT I	HOME, FARM, STREET, FA ICE BUILDING, ETC.	CTORY.) 21f. L	OCATION Street	et ar R.F.D. N	0.	City a	r Tawn		County	Stote
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1	2	26. SIGNATURE Dull	Den!	3/	Rul	world	& DEGI	ATTENDI	NG 🖸	MED. DIRECTOR		STAFF PHYS.	22c. D/ 7/2	TE SIGNED 3/68	
1	2	PHYSICIAN'S NAME (Type)	Full	er B.	Whitw	orth M.	D.	22e. ADI 305	RESS Washi	ngto	n St	Cumb	erla	nd, Mar	yland
2	3a. B	URIAL, CREMATIC	IN, 23	Bb. DATE		23c. NAME OF		CREMATORY		23d.	LOCATION	(City or Tow	n)	(County)	(Stote)
		EMOXAL Specify		7/5/68	7-7-1			Paul Ce				land.	Alleg	gany Mar	yland
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Balto Ave. Cumberland, May 1 1

24. FUNERAL DIRECTOR

25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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Year

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BETWEEN ONSET AND DEATH

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561			09305	DIVISION	OF VITAL RECORDS,	301 W. P	RESTON STRE	ET, BALTIMO		ND 2120	093	18	
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12 20 0	ť	7o. B	IRTHPLACE (Stote or foreign MARYLAND	USA		WIDOWED		IED L	OUNTY OF DEAT				Md
within 2	52		TY OR TOWN OF DEATH CUMBERLAND		11. NAME OF HOSPITAL OR IN:		HOSP.	120. USUAL OC during most of	CUPATION (Kind	d of work d even if retire	one 12b. KINI ed.) INDUSTR	LRO/	SINESS OR AD
omplete	01		USUAL RESIDENCE (Where deceders in the second state MARYLAN	sed lived, if in: 1D 13b. COUN	stitution: Residence before	13c. CITY OF		ed. Inside City Limits? YES NO	13e. STREET / 22		ROLL ST.		
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tificate hysiciar n pleos val, anc		160. Ye	WAS DECEASED EVER IN U.S. AR es, no or unknown) (If yes give	MED FORCES? war or dates of service	16b. SOCIAL SECURITY 1 2 14-05 -		INFORMANT HOSP.	RECORD	, CUMBER	Addre RLAND	, MD.		
SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 be 4 may be retained by the hospital or attending physician. **NERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in tar, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. If the burial transity or removal, and in any event, within 72 had be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had be seen to be seen t		Z	1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMED Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, DUE TO, (b). DUE TO, (c)	OR AS A CONSEQUENCE OF	eter	Control of the Terminal I	DISEASE ORCONDI	ITION GIVEN IN F	PART I(o)	- Ju	di	T AND OBATH
The low re ottending has been see os the lth prior to b	X	CERTIFICATION	19o. DATE OF OPERATION 19b	. CONDITION FOI	R WHICH OPERATION WAS PE	RFORMED	20o. AUTOPS	NO 🔲	20b. IF YES, CAUSES OF D		NGS CONSIDERED	IN CERT	IFYING
ICIAN: The pitol or ot rrificote ho d for use of Heolth	Ĭ	MEDICAL CER	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR	AE OF INJURY A.M. Month Doy Yeor P.M. 19		OW INJURY OCCU	RRED (Enter not	ure of injury in I	Port 1 or Po	ort 2, Item 18.)	6	-33
DING PHYSICIAN: The low ruby the hospitol or ottending free this certificate has been be detached for use os the State Dept. of Health prior to				. PLACE OF INJU			OCATION Street	or R.F.D. No.	City or To	wn	County		Stote
ATTENDING PHYSICIAN: retoined by the hospitol or ECTOR: After this certificate 3 should be detached for with the State Dept. of Heol			22a. I certify that (1) (the saw the deceased	olive on	attended the decease lid) (did not) view the	9 / Jato	d that in (my)	, 19 <i>6</i>) (our) opinior	n death occur	red on th		hat (I) our on	
HOSPITAL OR ATTEN 926 4 moy be retoined FUNERAL DIRECTOR: irector, page 3 should should be filed with the			22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	not	Me	DEG	22e. ADDRE	DIRECT		YS.	22c. DATE/SIGNED	65	
TO HOSPITAL Poge 4 moy O FUNERAL director, pog	1	230.	BURIAL CREMATION. 23b.	DATE M.	SCHINDLER, M				d. LOCATION (Ci	ABERLA ty or Town)			(Stote)
OF OF OTHER STATE OF THE STATE	88	D	FUNERAL DIRECTOR STEIN FUNERAL	16/6 I France L HOME	Ho ADDRESS CUMBERLA	ter of		Cesso. REC'D BY REG	GISTRAR 1968	eclar 2Sb. REGISTI YClian	RAR'S SIGNATURE	in	me!

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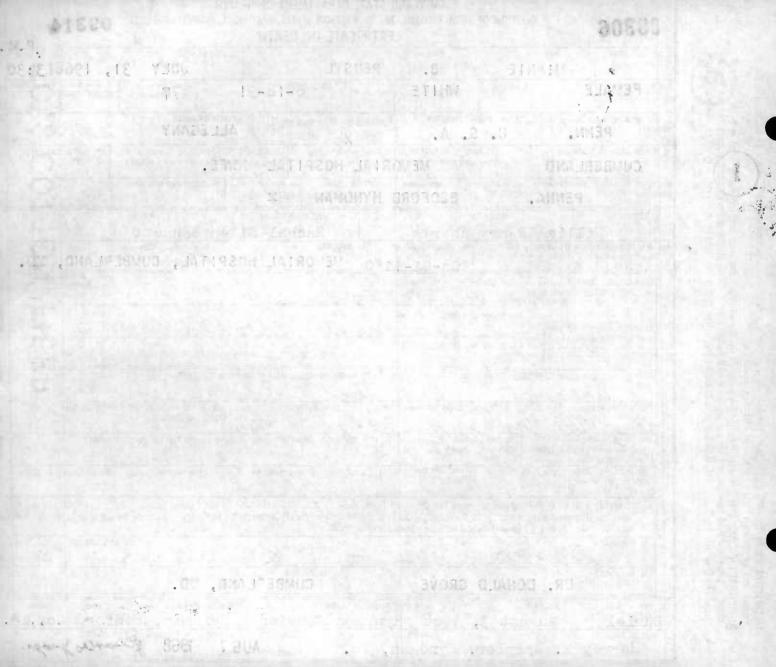
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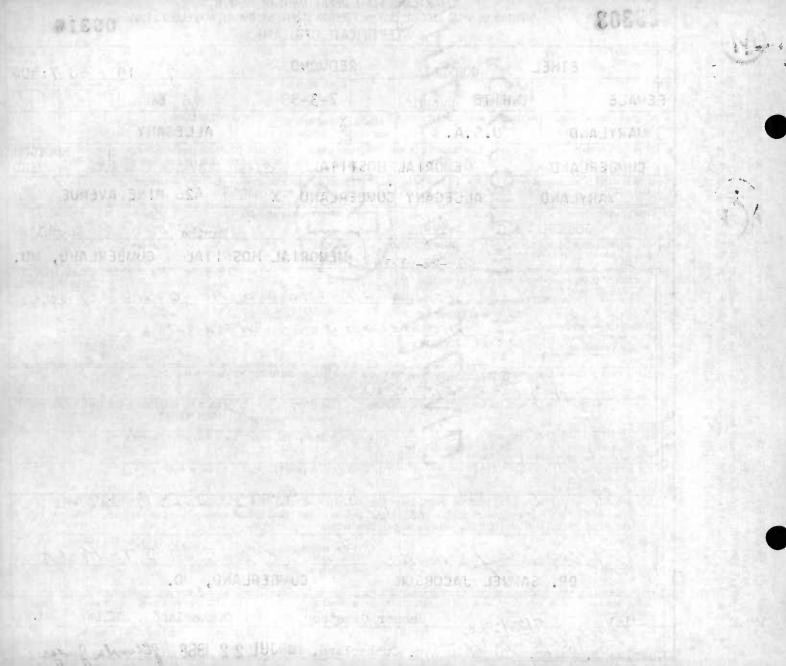
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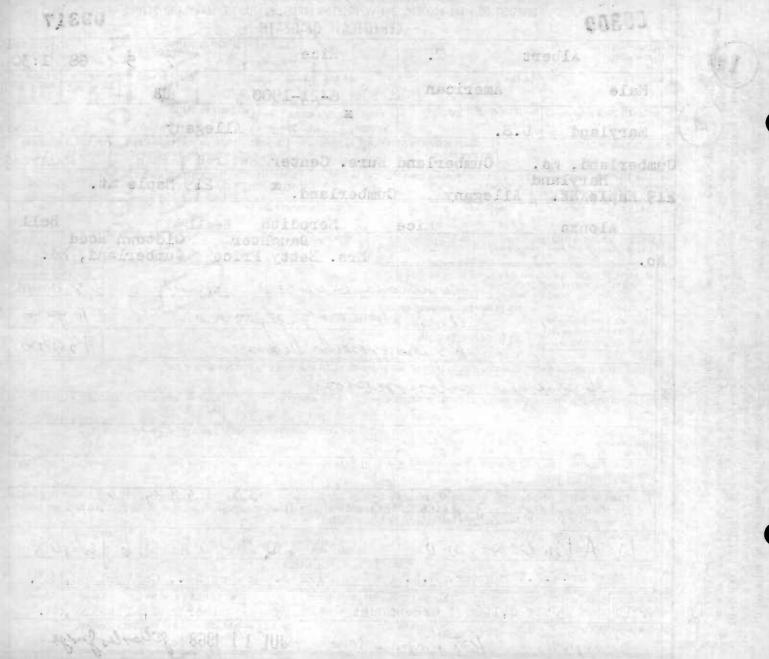
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPIS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
CERTIFICATE OF DEATH	514 DM
	968 3:30
3. SEX FEMALE 4. RACE WHITE S. DATE OF BRTH 8-9! 6. ACF din years last be haday) YRS. WONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
70. BIRTHPLACE (State or foreign Country) PENN. 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH ALL EGANY	Md.
10. CITY OR TOWN OF DEATH CUMBERLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) MEMORIAL HOSPITALing morrhympeing life, even if retired.)	ND OF BUSINESS OR RY
13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE PENNA 18b. COUNTY BEDFORD HYNDMAN 13d. INSIDE CITY LIMITS? YES 2 NO 1	
14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
Yes, no, orunknawn) (If yes give war or dates of service) 206-01-1150 MEMORIAL HOSPITAL, CUMBERLA	
I IB. CAUSE OF OTAIN (three only one couse per line_for (g), (b), and (c),)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CONCUSTO OTTO COLOR	S Seco-
Conditions, if any, which gave)	5 some
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last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
Causes of DEATH?	
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)	
While Not while OFFICE BUILDING, ETC.	State
	that (I) (we) last
saw the deceased alive on	nour and fram the
226 SIGNATURE 220 DATE SIGNI	ED , C/
DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	-68
NAME (Type) DR. DONALD GROVE CUMBERLAND, MD.	
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
British August 3, 1968 Hyndman Cemetery Hyndman, Bedford	d Co.Ra
Harvey H. Zeigler, Hyndman, Pa. DATE AUG 7: 1968 FUNDATION OF THE PROPERTY OF	yuga.
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH In the last type or print) MINNIE B. PENSYL 20. DATE OF DEATH AND Lost A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. SACE WHITE S. DATE OF BETH 18-91 6. AFFAN YOUR A. MARRIED NEVER MARRIED NOVORED OF COUNTY OF DEATH ALLEGANY YES DEATH ALLEGANY NOUNTY TO CHEATH ALLEGANY YES DEATH AND COUNTY OF DEATH CUMBERLAND 10. GUY OR TOWN OF DEATH CUMBERLAND 10. GUY OR TOWN OF DEATH CUMBERLAND 10. GUY OR TOWN BEDFORD HYDDAM WE SIZE NO INCOMPTION (And of work done 12s; KE) WHITE 10. SACE RECORD THE SAME First Middle WILLIAM WILLIAM MINNE BEDFORD HYDDAM WE SIZE NO INCOMPTION (And of work done 12s; KE) RECORD THE SACE RECORD THE SACE WHITE S. DATE OF BETH ALLEGANY YES DURING (IN CUMPTION) IN MINORITY AND COUNTY OF DEATH ALLEGANY WE WILLIAM IN MINORITY AND COUNTY OF DEATH ALLEGANY WINDWITE IN MINORITY AND COUNTY OF DEATH ALLEGANY WINDWITE 10. GUY OR TOWN IN MINORITY AND COUNTY OF DEATH ALLEGANY WINDWITE 10. GUY OR TOWN IN MINORITY AND COUNTY OF DEATH ALLEGANY WINDWITE 10. GUY OR TOWN IN MINORITY AND COUNTY OF DEATH ALLEGANY WINDWITE 10. GUY OR TOWN IN MINORITY AND COUNTY OF DEATH ALLEGANY IN MINORITY AND COUNTY OF DEATH ALLEGANY IN MINORITY AND COUNTY OF DEATH ALLEGANY IN MINORITY IN MINORITY AND COUNTY OF DEATH ALLEGANY IN MINORITY AND COUNTY OF DEATH ALLEGANY IN MINORITY AND COUNTY OF DEATH ALLEGA

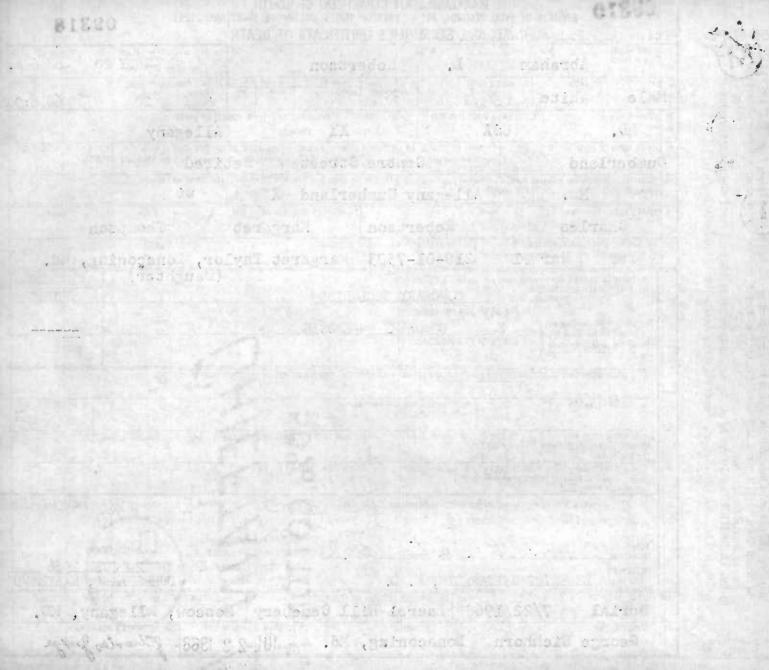


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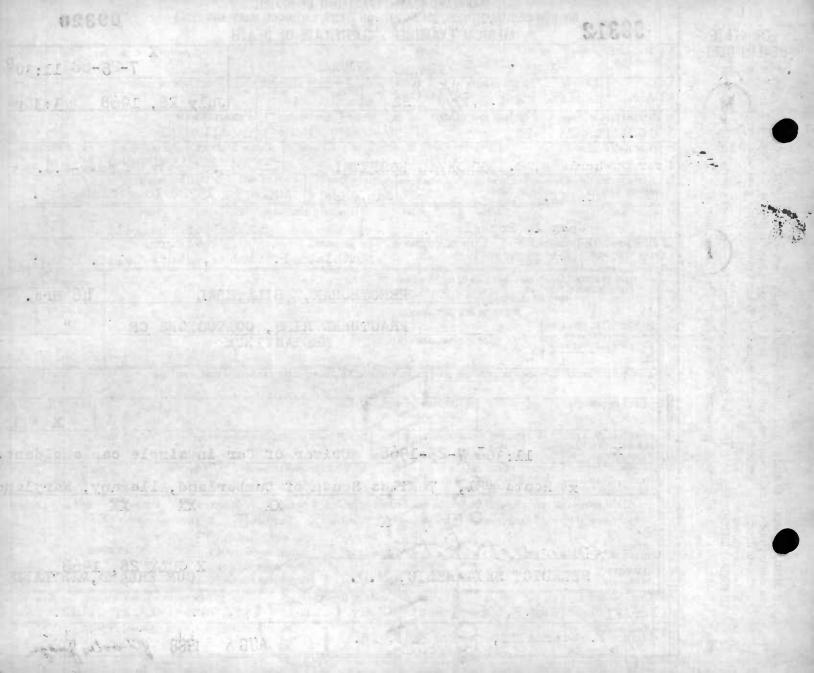
MARYLAND STATE DEPARTMENT OF HEALTH



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126 27. smqtt. (1. 0. 27., 61. 18. 24., 52.) 53. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	.N.). C. Hillerti Lekon J. H. Hillerti	n de la company	(10.000) • • • • • • • • • • • • • • • • • • •

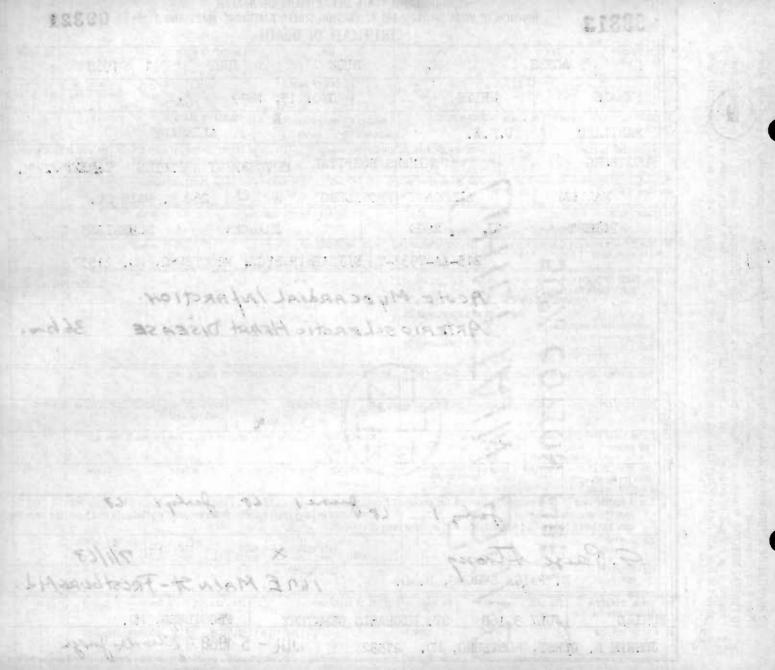
MAKTLAND STATE DEPAKEMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) OF ESTIdeloy nd 3 to Page 7-28-681911:305 ROUBAL JOSEPH EDWARD 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2d. HOUR 4. RACE S. DATE OF BIRTH OLE 3. SEX Day 968 MALE WHITE Sept. 2.1946 22 19 3 3 3 0 DM 7o. BIRTHPLACE (Stote or foreign MARRIED PINEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? country) CALIFORNIA Office olong with form ALLEGANY USA WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR dyring most of working life, eyen if retired | INDUSTRY 2nd Class Petty Officer-U.S. Navy Near Cumberland, Md. MEMORIAL 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER admission) STATE 15720 Loma Vista Ave. Calif. 13b. COUNTY San Jose YES IN NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John A. Roubal Kathleen Pherrill .= should be forwarded to the Chief Medical Examiner's Cla ampress 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) Present Kathleen P. Graham, Santa Calif. Mother 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMOTHORAX. BILATERAL 18 Hrs. IMMEDIATE CAUSE (a)_ DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave FRACTURED RIBS. CONTUSIONS OF rise ta immediate cause (a). MEDIASTINUM certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol. 20. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY TO OR CONTRIBUTING cremotion, Driver of Car in single car accident 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building etc.)
Route #51 7 Miles South of Cumberland, Allegany, Maryland 22a. I certify that I took charge of the remains described obove, held an AutopsyXX Inspection XX. Inquiry XX, ond in my opinion Natural causes Accident X, Suicide , Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X JULY 28 ADDRESS(Street, city, town, or county MBERLAND, MARYLAND 5 moy TO FUNE Heolth BENEDICT SKITARELIC, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BURIAL, CREMATION, 23b. DATE Santa Clara Catholic Cem. Santa Clara, Calif. Aug. 2, 1968 24. FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md. 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 8 1968 VR A15ME (5) 10M REV. 1/68



09321 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09313 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR faneral 1 and 2 er death. (Type or print) AGNES M. RUGE JULY Month 1 Day1 968eor 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR last birthday) FEMALE WHITE DEC. 15, 1899 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND U.S.A. ALLEGANY WIDOWED [DIVORCED Attiticate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street addressMINERS HOSPITAL FROSTBURG COMM. crematian, ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATEMARYLAND 13b. COUNTY YES Y ALLEGANY FROSTBURG 260 E. MAIN ST. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle ROBERT RUGE U. FRANCES SCHREIBER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give wor or dates of service) 215-44-7932-T ELIZABETH RUGE, FROSTBURG, MD. 21532 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY death ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) atter ARTERIOSCLERATIC HEART DISEASE Conditions, if any, which gave) signed by the burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar to has been CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING as TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar atte CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. af P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram June 1 , 1968 , to July saw the deceased alive an _19 LP and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYSICIAN'S 22e. ADDRESS 22d. PAIGE STRONG, M. D. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BURIAL (Specify) JULY 3 168 MICHAELS CEMETERY FROSTBURG. MD. 24. FUNERAL DIRECTOR ADDRESS JOSEPH R. DURST, ROSTBURG, MD. 21532 30M REV. 1/68

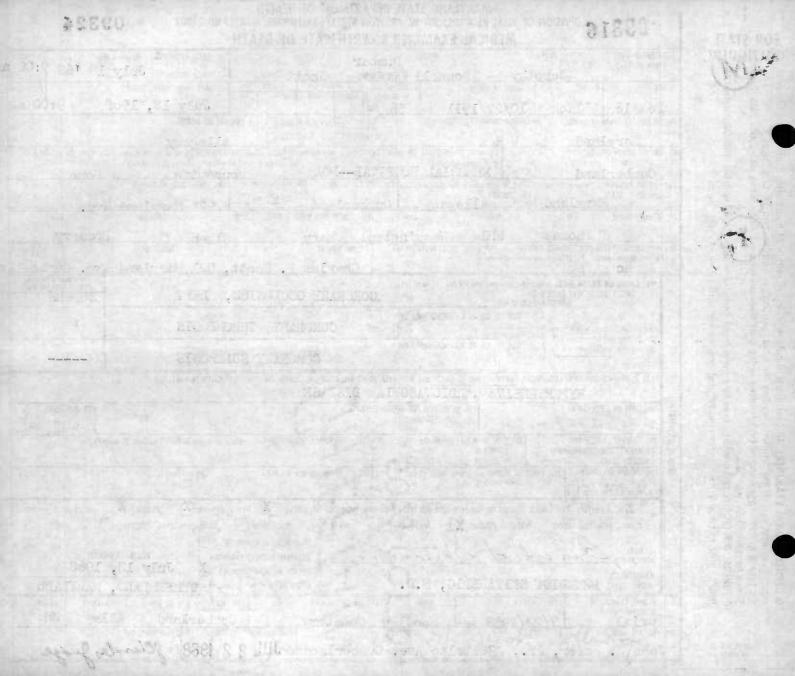
MARYLAND STATE DEPARTMENT OF HEALTH



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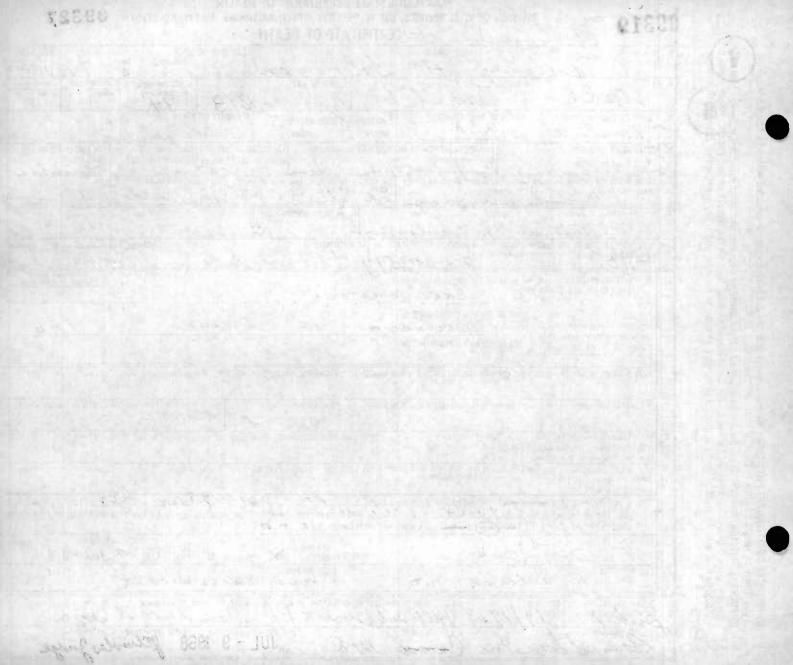


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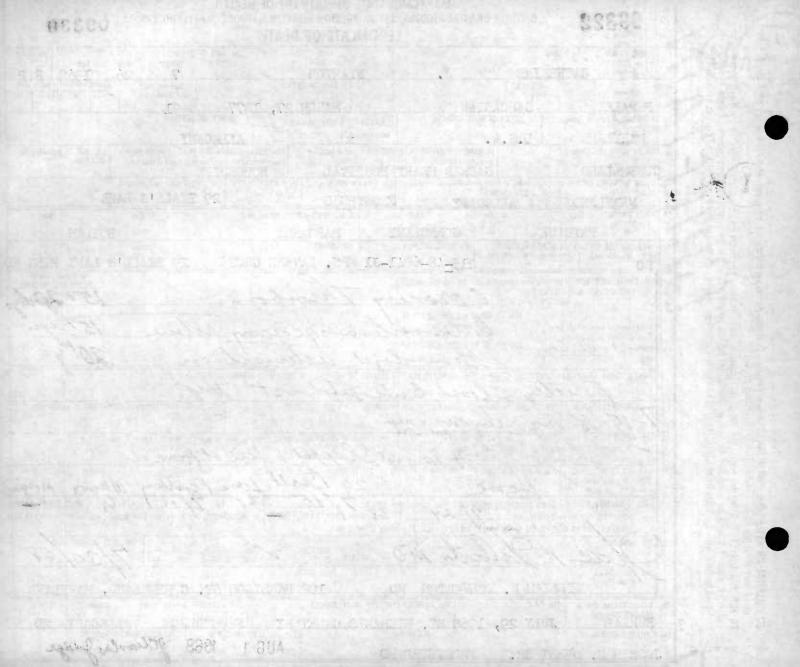
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MARYLAND STATE DEPARTMENT OF HEALTH 09322 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09330 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR and haurs after death (Type ar print) Month Yeor CATHERINE STANTON 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) DAYS HOURS FEMALE CAUCASTAN YRS MARCH 27 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .⊑ country) U.S.A WIDOWED -DIVORCED [MARYLAND ALLEGANY filled within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) **INDUSTRY** NA NA Car Dan CUMBERLAND SACRED HEART HOUSEWIFE poletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER crematian, ar remaval, and in any event executed admissian) STATE 13b. COUNTY ALLEGANY YES NO 29 BEALL'S LANE please remove FROSTBURG MARYT.AND 14. FATHER'S NAME and First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificate be PATRICK CONNELLEY MARGARET BOYLAN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 215-48-6041-J1 MRS. LAVERN CROSS 29 BEALL'S LANE FRBG MI APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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ro Hospital Page 4 may ro Funeral (director, pag shauld be fil	23a.	BURIAL, CREMATION, 23b. D. REMOVAL (Spacity)		c. NAME OF CEMETER	ey Cemete		OCATION (City or Town)		(State) RD#1
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR	H. Zeigle	ADDRESS	2:	Sa. REC'D BY REGISTE	RAR 2Sb. REGIST	TRAR'S SIGNATURE	

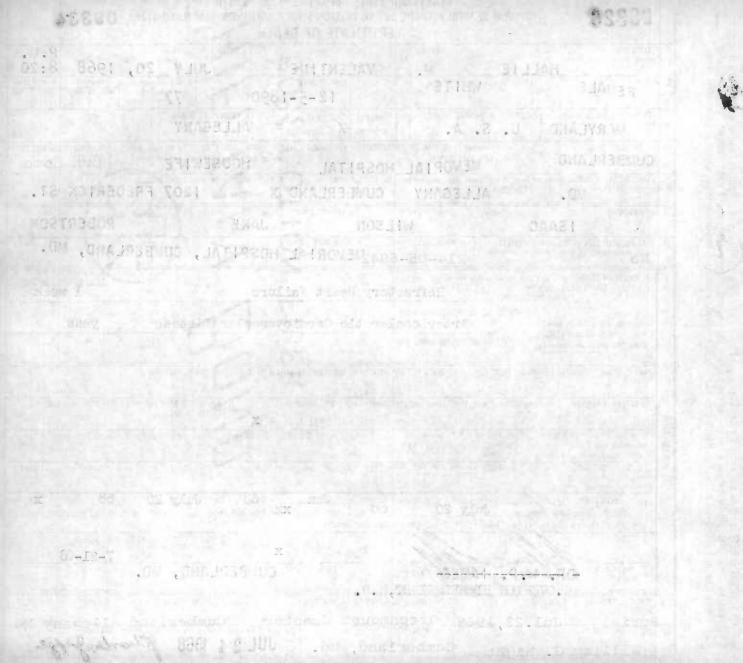
61L983T (.2 30, 1988 11:6 PENER. U. S. A. E. L. S. S. S. ALLEGARY CURRENT AND STREET AND F- - C- SECREPT - CRESTAL, CULLERY NO. war. . I nearly so in the large war was so the solder of the case of

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	Ttom 8 Film G DECEASED-NAME (Type or print)		Middle	TYSON	2	a. DATE OF DEATH JULY Month	23 196	8 4:45
	FEMALE	4. RACE WH	ITE	9-15	P BIRTH	6. AGE (In year	YRS. IF UNDER 1 YEAR MONTHS DAY	
cai	BIRTHPLACE (State or foreign untry)	U.	3. A.		DIVORCED AL	OUNTY OF DEATH		Md
2	CUMBERLAND,	9	I. NAME OF HOSPITAL OR INST MEMORIFAL H	OSPITAL	tal 12a. USUAL Od during mast a	CCUPATION (Kind of work f working life, even if ret	tired.) 12b. KIND (OF BUSINESS OR
130 adr	a. USUAL RESIDENCE (Where decomission) STATE W. VA	eased lived, if inst 13b. COUNT	ritutian: Residence befare	13c. CITY OR TOWN RIDGELEY	13d. INSIDE CITY LIMITS? YES NO	RT.	BER	
14.	FATHER'S NAME First	Middl	e Last	15. MOTHER	'S MAIDEN NAME First	Mid	ddle	Last
16	Goorg	RMED FORCES?	Weaver 16b. SOCIAL SECURITY N	O. 117. INFORMAN	Ali		dress G	ross
L		ve wor or dates of service)				SPITAL, CU		, MD.
	18. CAUSE OF DEATH (Enter	anly one cause pe					APPRO BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
1	PART 1. DEATH WAS CAU	DIATE CAUSE (a) _		tory Hear	rt Failur	e	2	weeks
	Canditians, if any, which gav	DUE TO, (OR AS A CONSEQUENCE OF	l Vascul	ar Accide	nt	2	a ales
	rise to immediate cause (a stating the underlying caus). (D)_	OR AS A CONSEQUENCE OF	I Vascul	ar Accide	116	3 W	eeks
19	last.	(c)_		clerotic	Cardiova	scular Di	sease	Vears:
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR COND	TION GIVEN IN PART 1(a)		
	. 14)))		Diebetes WHICH OPERATION WAS PER		S AUTOPSY?	Leat is well with the	DINOS CONSIDERES IN	CERTIFIUM
No.	10- DATE OF ODERATION IN					1700 IF YEV WERE FIND	DINGS CONSIDERED IN	
FICATION	19a. DATE OF OPERATION	b. CONDITION FOR	WHICH UPERATION WAS PER			CAUSES OF DEATH?		CERTIFYING
CERTIFICATION		YING 21b. TIMI	E OF INJURY	YE	NO 🔀		Part 2, Item 18.)	CERTIFYING
		YING 21b. TIMI	E OF INJURY	YE	NO 🔀	CAUSES OF DEATH?	Part 2, Item 18.)	CERTIFYING
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1		09326	IVISION OF VITAL RECORDS.	301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201 (10337
		00020		CERTIFICATE OF DE		0000%
death.		CEASED-NAME First ype or print)	Middle M.	VALENTINE	JULY 20. DATE OF DEATH	1968 8:20 M
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the final should be detached far use as the burial-transit permit. Then plags remaye carbon papers. Pages and 2 should be detached far use as the burial, crematian, ar remayal, and in any event, within 72 hours after death in the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.	3. 51		4. RACE WHITE	S. DATE OF BIRTH 12-5-1	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 NRS. MONTHS OAYS NOURS MIN.
d in by pers. P 72 hour	caul	MARYLAND MARYLAND	U. S. A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANT	Md.
and completely filled in I remave carbon papers. n any event, within 72 hc		TY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL OR INS give street address) MEMORIAL	HOSPITAL	2a. USUAL OCCUPATION (Kind of work done uring master with the if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Home
complet ave car y event	adm	ssion) STATE MD.	lived, if institution: Residence before 13b. COUNTALLEGANY	CUMBERLANDES		ERICK ST.
		ATHER'S NAME First		LSON IS. MOTHER'S MAIDEN	JANE	ROBERTSON
wal, an	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY? 214-05-	684 MEMORIAL	HOSPITAL, CUMBERL	AND, MD.
O FUNERAL DIRECTOR: After this certificate has been signed by the attending frysicial director, page 3 shauld be detached far use as the burial-transit permit. Then Plagse shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and		18. CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED B IMMEDIATE	ane cause per line for (o), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1. Week
the att		Canditions, if ony, which gave rise to immediate cause (o),	(D)	elerotic Cardio	vascular Disease	yeas
signed by the burial-transit burial, cremati		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	OT DELATED TO THE TERMINAL DICE	SASE OR CONDITION GIVEN IN PART 1(0)	
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use as	CERTIFICATION	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PE	YES 🗆	NO (CAUSES OF DEATH?	
hed far use as the ot. of Health priar to	MEDICAL C	DR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19		D (Enter noture of injury in Part 1 or Port 2, It	
detach te Dept	N	While Nat while at work	ACE OF INJURY (AT NOME, FARM, STREET, FAC	A control of the		County State
R: Afte		22a. I certity that (I) (this saw the deceased aliv causes stated above. (haspital) attended the decease e an July 20 l (l) (we) (did) (did nat) view the	ed from	, 19 68 , ta h.1y 20 , 19 % r) apinian death accurred an the dat	e and havr and fram the
or retail		22b. SIGNATURE	Me fills	DEGREE PHYS.	MED STAFE	ATE SIGNED 7-21-68
Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, created.		Isvaile (1 Abo)	TON HIMMELWRICH	22e. ADDRESS	CUMBERLAND, MD.	
direct	230	BURIAL, CREMATION, 23b. DAT	TE 23c. NAME OF	nmount Cemet	23d. LOCATION (City or Town) Cumberland P RECT BY REGISTRAR 25b. REGISTRARS 2	(County) (Stote)
VR A15 47 30M REV. 168	24.	FUNERAL DIRECTOR William G. 1	Classical		EJUL 2 4 1968 REGISTRAR'S	May Judges



P.M.3

pencil in Item 18. Give Pages 1, seminer's Office olong with form

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necessory, please execute the certificate, writing the word "pending." the funeral director. Page 4 shauld be forwarded to the Chief Medi TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit per

5 may be retoined for your

VR A15ME (5) 10M REV. 1/68

ICAL EXAMINER:

TO DEPUT

This certificate should be executed within 24 hours ofter death

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boges 1 and 2 with the State D

mif. File

hours after death.

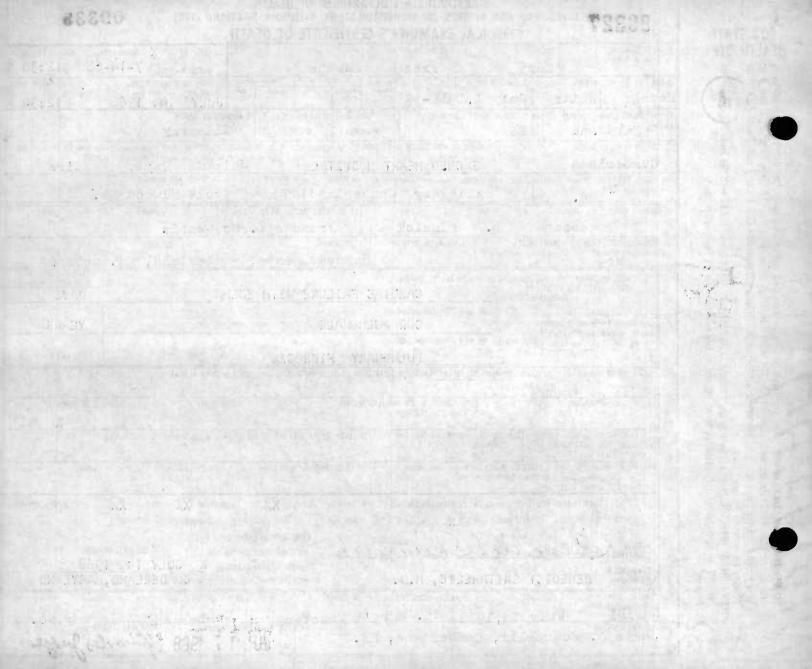
Heolth prior to buriol, cremotian, or removal, and in any event within 72

ny deloy is 2, and 3 to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09335

		0	MEDICA	AL EXAMINER	e's CE	RTIFICATI	E OF DE	HTA				
	DECEASED-NAME (Type ar Print)	First		Middle		Lost			2a. DATE KNOWN Manth OF ESTI-		Year	2b. HOUR
		Ma		Irene		Wempe			DEATH MATED _ /- 12	1-00	1912	:30 9
3. S	ema le	4. RACE White		1 1909 6. AGE XXXX - 59	(In years irthday) YRS.	MONTHS DAYS		24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month JULY 14. 1968	Yea	or 19 12	2d. HOUR
7a.	BIRTHPLACE (Stote	e or foreign 7t	. CITIZEN OF WHAT			RRIED NEVER N	AAPRIED [9 (01	INTY OF DEATH	,	17 6	6) U N
	ntry) Mary		USA	0		_	VORCED [Allegany			M
10.	Cumber	9777		NE OF HOSPITAL OR INS eet oddress) ACRED HEAR		(If not in hospit	al 12a. U during	SUAL OC	CUPATION (Kind of work done tworking life, even if retired.)	12b. KIN INDUSTR	D OF BUSH	NESS OR
130	LICHAL DECIDEN	CF (tail		on: Residence before			13d. INSIDE CITY	LIMIT CO	13e. STREET AND NUMBER		Tire	-
(odmission) STATE	Md.	13b. COUNTY A	Llegany		erland	YES 😿 🕴		614 Elwood	St.		
-	FATHER'S NAME	First	Middle	Last		15. MOTHER'S M		First	Middle		Last	
		Joseph	В.	Minnick		Fran	ices L	. M	c Kenzie			
		ER IN U.S. ARMED FO		6b. SOCIAL SECURITY NO). 1	7. INFORMANT	25-1		ADDRESS			
,	Yes, no, or unknav	(If yes give wo	or dates of service)		R	aymond	Wempe	, Cı	umberland, Md			
	1B. CAUSE OF	DEATH (Enter only	one cause per line	for (a), (b), and (c).)						BET	APPROXIMATE I	INTERVAL AND DEATH
	PART I. D	EATH WAS CAUSED	BY. E CAUSE (a)	CARD	IAC	FAILURE	HTIW .	EDE	MA		DAYS	
	517	×		S A CONSEQUENCE OF			Section 1		Carlotte State			
10		iny, which gave			PULN	IONALE				Y	YEARS	
		iate couse (a),	(b)	S A CONSEQUENCE OF					PERSONAL PROPERTY.		4.11(0	
	last.	derlying cause	(c)	PULM	ONA	RY FIBR	OSIS				11	
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING	G TO DEATH BUT NOT				CONDITIO	ON GIVEN IN PART 1(o)			
7	525	*	MUNICIPAL									
ATIO	19a. DATE OF O	PERATION	1	9b. CONDITION FOR WI	HICH OPE	RATION		114		20	. AUTOPSY	?
CERTIFICATION	3/2 3			WAS PERFORMED?							YES X	NO 🗆
	21a. EXTERNAL			JURY Manth, Day, Year	2	1c. HOW INJURY (OCCURRED (En	nter natu	re of injury in Part 1 or Port 2, I	rem 1B.)		- 4
MEDICAL	CAUSE OF DEAT	R CONTRIBUTING	HOUR A.M.	19								
MED	21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At	home, form, street,	2	If, LOCATION Street	et or R.F.D. No		City or Tawn	Caunty	Y	State
	WHILE NORK N	OT WHILE facto	ory, office building,	etc.)								
			ok chorge of the	remoins describe	dobove	held on Aut	topsy XX	Ins	spection XX Inquiry XX	d, or	nd in my	opinion
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	ACTUAL SIGNATURE	/Deno	dirt.	Xkita	400	1	SSISTANT MED			SIGNED		
1	/			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		111.0,	EPUTY MEDICA			1968	3	
	EXAMINER'S NAME (Type)	BENEDIC	T SKITAR	ELIC, M.D.					wn, or countyUMBERLAND			D
230	. BURIAL, CREMA	TION, 23b. C	ATE	23c. NAME OF C	EMETERY	OR CREMATORY		23d.	LOCATION (City or Town)	(County)) (St	ate)
	Burial Special	Jul-	v 18.196	St. Me	nv1	s Cemet		(Zimberl - Al	lers	mar M	7
24.	FUNERAL DIRECT	OR		ADDRES	S		258. REC'I	D BY REC	GISTRAR 256. REGISTRAR'S	SIGNATUR	RE	
	James]	. Scarp	elli, Ci	umberland	, Md		DATE J				Judg	



MARYLAND STATE DEPARTMENT OF MEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

1968

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED? NO TO

(Stete)

22b. DATE

(Stete)

SIGNED

6 hrs

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Middle WALLACI WHITE F WHAT COUNTRY? A 1. NAME OF HOSPITAL OR INS	RETIFICA 8. MARRIED WIDOWED NSTITUTION (If not in the company of the company	Lost MMERLY DATE OF BIRTH NOV 29, 1 NEVER MARRIED DIVORCED in hospitol AL OWN 13d. INSIGE CO RLAN PYES MOTHER'S MAIDEN NAM	20. DATE 0 910 9. COUNTY 0 ALL E USUAL OCCUPATION 9 most of working GROCERY 17 UMMIS? 13e. S NO X ROL	F DEATH Month Y 6. AGE (In yeors last birthsen)	IF UNDER 1 YEAR MONTHS ON YEAR MONTH	2b. HOURIM 12:3 1 IF UNDER 24 HRS. S HOURS MIN. Md OF BUSINESS OR		
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WHITE F WHAT COUNTRY? A 1. NAME OF HOSPITAL OR INS DIVE Street address MEWORIAL Ititution: Residence before LLEGANY le Lost ZIMM 16b. SOCIAL SECURITY N 2111-32-292	8. MARRIED WIDOWED STITUTION (If not in CUMBE) MERLY 15. MERLY 17. INFO	DATE OF BIRTH NOV 29, 1 NEVER MARRIED DIVORCED in hospitol AL OWN 134. INSIGE OF RLAN PYES MOTHER'S MAIDEN NAM	9. COUNTY O ALL E ISUAL OCCUPATION I most of working GROCHRY IY LIMITS? 13e. S NO X ROL IE First	F DEATH GANY (Kind of work dong life, even if retired AND NUMBER LIFE 4, O	IF UNDER 1 YEAR MONTHS OAY 12b. KIND 1NDUSTRY STAT	IF UNDER 24 HRS. S HOURS MIN. Md. DF BUSINESS OR		
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le Lost Z I MM 16b. SOCIAL SECURITY N 2114-32-292	MERLY IS. N	MOTHER'S MAIDEN NAM	NO X ROL	JTE 4, 0	LDTOWN			
Z I MMI 16b. SOCIAL SECURITY N 2111-32-292	NO. 17. INFO			ARCHAILE				
214-32-292			MARY	U.		DAVIS		
er line for (a). (b), and (c)		MORIAL H	OSPITAL	Address CUMBE	RLAND,	MD.		
OR AS A CONSEQUENCE OF Europe OR AS A CONSEQUENCE OF	hysema	failure	, and the second		BETWEEN 5	DXIMATE INTERVAL N ONSET AND OFATH CLOUPS AT S		
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	r 19	V INJURY OCCURRED (E	inter noture of inj					
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VILLIAMS	S MEMORT	TAT. PARK	RFD 4	CUMBERLA		(Stote) FANY MD.		
1	2 1968 DAVT	23c. NAME OF CEMETERY OR CE	WILLIAMS 23c. NAME OF CEMETERY OR CREMATORY 2 1968 DAVIS MEMORIAL PARK	WILLIAMS 22e, ADDRESS 122 S. CENTRE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT RFD 4	WILLIAMS 22e, ADDRESS 122 S. CENTRE ST., C 23d. LOCATION (City or Town) RFD 4 CUMBERLA ADDRESS ADDRESS 23d. LOCATION (City or Town) RFD 4 CUMBERLA 250. RECID BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	WILLIAMS 22e. ADDRESS 122 S. CENTRE ST., CUMBERLA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) RFD L1 CUMBERLAND ALLECT		

WILLIAM TO ANALY TO A district to the property of th CUMBERLAND - CHARLENCE HOSPITAL AND THE SAME CONTROLLED X SUDIES OF START FORD DEORGE 1. CTIMERLY - LANCE ... DAVIS THE SELECT HUSBITAL, CAREFILAND, 90. 122 S, CELORE IST., CULLERLAND, ST. 21013114 9 .70 The state of the s